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CITY OF SHEFFIELD
EDUCATION COMMITTEE

LONDON SCHOOL OF HYGIENE
AND TROPICAL MEDICINE.
(DEPT. OF MEDICAL STATISTICS)

SCHOOL HEALTH SERVICE REPORT

OF THE

SCHOOL MEDICAL OFFICER,

HAROLD M. COHEN, M.D., D.P.H.

FOR THE YEAR ENDED 31ST DECEMBER, 1947
[FORTIETH YEAR]

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CHILD WELFARE SUB-COMMITTEE

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Coun. Miss M. VEITCH (Deputy Chairman).

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Coun. W. COOKE, J.P.

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Mrs. C. M. LANGLEY PRICE.
Coun. Rev. P. M. MEDCRAFT.
Mrs. E. H. MILLER, J.P.

Coun. F. H. PRICE.

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Mr. G. SYLVESTER.

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SHEFFIELD BLIND SCHOOL MANAGEMENT COMMITTEE.

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*Mr. R. HARGREAVES, M.A., LL.B.

*Mr. N. HARLAND.

*Lt.-Col. R. B. HAYWOOD.

*Mr. C. E. HIBBERD.

Mrs. C. M. LANGLEY PRICE.

Mrs. E. H. MILLER, J.P.

Coun. F. H. PRICE.

Coun. E. TINDALL.

Coun. Miss M. VEITCH.

*Co-opted members who were previously Governors of the School.

Director of Education—STANLEY MOFFETT, M.C., M.A.

STAFF

School Medical Officer.

HAROLD M. COHEN, M.D., D.P.H.

Assistant School Medical Officers.

JOSEPH H. CAMPAIN, M.B., B.S., M.R.C.S.,
L.R.C.P., D.P.H.

MARION C. TAYLOR, M.B., Ch.B., D.P.H.

WILLIAM D. A. KING, M.B., Ch.B.

LINDSAY D. WILLIAMS, T.D., M.R.C.S.,
L.R.C.P., D.P.H.

DORIS E. MORTON, B.A., M.B., B.Ch.

CHARLES O. GREER, B.A., M.B., B.Ch.

ELSIE G. M. OATES, M.D., M.R.C.S., L.R.C.P.

ETHEL SKERRITT, M.D., M.R.C.S., L.R.C.P.,
D.P.H.

EITHNE M. SWALLOW, B.A., M.B., B.Ch.
(Temporary).

Specialist Officers.

Ophthalmic Section MALCOLM FERGUSON, M.B., B.S., D.O.M.S.

Skin Section *HY. R. VICKERS, M.Sc., M.B., Ch.B.

Aural Section *JOHN H. COBB, M.B., B.S., F.R.C.S.

Orthopædic Section *FRANK W. HOLDSWORTH, B.A., M.Chir., F.R.C.S.

*ALFORD DORNAN, M.B., Ch.B., F.R.C.S.

Rheumatism and Heart *SUSANNA GORDON, M.D., B.S., M.R.C.P., D.C.H.

Senior School Dental Surgeon.

J. WALTER SHAW, H.D.D., L.D.S.R.C.S.

School Dental Surgeons.

EDMUND A. REEVE, L.D.S.R.C.S.

MARY M. PELLATT, L.D.S.R.C.S.

ALFRED E. GISBURN, L.D.S.

AGNES M. THOSEBY, L.D.S.

ALBERT E. CLARKE, L.D.S.

THOMAS B. HOSTY, L.D.S.

EDITH M. WOODCOCK, L.D.S.

ARTHUR G. OLDALE, L.D.S.

JOHN CLARKE, L.D.S.

(Two vacancies for School Dental Surgeons).

CHILD GUIDANCE CLINIC.

Medical Director—THE SCHOOL MEDICAL OFFICER.

NOEL E. WHILDE, B.Sc., A.B.Ps.S.
(Educational Psychologist in charge).

MONA M. THOMSON, M.A., Ed.B.
(Educational Psychologist).

ALICE M. McFARLANE, M.A., Ed.B.
(Educational Psychologist).

*REGINALD WARNECKE, M.R.C.S., L.R.C.P.
(Part-time Psychiatrist).

(Two vacancies for Psychiatric Social Workers).

*Part-time Officers.

BENTS GREEN SPECIAL SCHOOL FOR DELICATE CHILDREN.

KATHLEEN GRAYSON (Matron).

HILDA M. MARSDEN (Resident School Nursing
Sister).

MABEL E. BRINDLEY (Resident Assistant
Nurse).

ASH HOUSE SCHOOL FOR RHEUMATIC CHILDREN.

ELSIE JOHNSON (Matron)

MURIEL M. HARTLEY (Acting Sister).

MARY GOODCHILD (Assistant Nurse).

ETHEL O'BRIEN (Assistant Nurse).

And four Nursing Probationers.

DOREEN LENG (Assistant Nurse).

SHEFFIELD SCHOOL FOR BLIND CHILDREN.

Mrs. G. BLOOMFIELD (Matron).

School Nursing Staff.

ELSIE C. CRUICKSHANK (Chief School Nursing Sister).

JANET M. ANDERSON.

ELIZABETH GOOSEMAN.

PHYLLIS M. ARTHUR.

Mrs. MIMA J. GOWERS.

JESSIE ASHTON.

Mrs. HILDA GREEN.

ROMA ASTBURY.

EVELYN N. F. HENIGAN.

EVELINE BANHAM.

CLARICE HOBSON.

KATHLEEN CARDWELL.

NORA HOBSON.

Mrs. LILIAN COMPTON.

CONSTANCE M. LAMBERT.

MARGARET CROFTON.

Mrs. MARY A. REID.

ELSIE DENT.

LUCY SCOTT.

EDITH DONCASTER.

DORA M. SEMPERS.

ROBINA M. DUCKWORTH.

EUNICE M. SHARRATT.

ANNIE L. FENTON.

DOROTHY M. SLATOR.

ELLEN K. FINERTY.

Mrs. EMILY D. SMITH.

Mrs. MARY B. FOX.

Mrs. DAISY WILLIAMSON.

Mrs. MARGARET GARNETT.

SYLVIA M. WILLIAMSON.

FLORENCE M. GIBSON.

Mrs. ELSIE S. WOODWARD.

Nursing Assistants.

Mrs. DOROTHY R. BAKER.

Mrs. MAUD CROOKES.

Mrs. WINIFRED BANKS (Temporary).

ELIZABETH GILL.

KATHLEEN J. BELL.

WINIFRED C. SELLARS.

KATHLEEN E. BENNETT.

NORRIE A. SMITH.

WINIFRED CLEGG.

ROSALIE V. SWEENEY

ELSIE M. COULDWELL.

MARY WALLACE.

Dental Assistants.

ELSIE INGRAM.

LUCY SUNTER.

Dental Attendants.

CONSTANCE V. BOWIE.

CLARA L. MARSDEN.

DOROTHY K. BROWN.

Mrs. FRANCES MORRIS.

EVELYN EASTERBROOK.

WINIFRED M. McKENZIE.

ROSE HASLAM.

ETHEL OTTER.

CLARA E. MARLOW.

ELLEN TRUMAN.

(Two vacancies.)

Speech Therapists.

JOAN POLLITT, L.C.S.T. (Senior Speech Therapist).

CHRISTINE J. COLLIER, L.C.S.T.

BRENDA WORRALL, L.C.S.T.

After Care Officer—WINIFRED STIRGEES.**Dispenser at Clinics**—BESSIE KENYON.**Part-time Orthoptist**—(Vacancy).**Clerical Staff.**

REGINALD E. NORTH (Chief Clerk).

ERNEST R. WOOD.

EVELYN E. GERRISH.

ERNEST V. STEER.

MARGARET O. DEACON.

FRANK CROOKES.

BRENDA E. HIMSWORTH.

WILLIAM F. HERN.

BEATRICE M. HURST.

JOHN LOCKWOOD.

JEAN SMITH.

ERNEST BIRKINSHAW.

BRENDA SMITH.

LILIAN SMITH.

LILY TOWNROW.

Mrs. DOROTHY MACDONALD.

AUDREY JACKSON.

JOAN M. SPARLING.

JOAN W. MIDDLETON.

MARION J. WALKER.

ETHEL M. BIRCH.

Mrs. SILVIA M. WILLIAMS.

DOROTHY K. HEMS.

Mrs. CONSTANCE CLINTON.

JUNE P. CAMDEN.

Mrs. ALICE M. RUSSON.

THERESA FARRELL.

BETTY E. BLACKWELL.

MARGARET O. DIXON.

SCHOOL HEALTH SERVICE,**CENTRAL SCHOOL CLINIC :** 7, Leopold Street, Sheffield, 1. (Telephone 26341).

December, 1947.

SUMMARY OF WORK, 1947

	Children.	Attend- ances.
SCHOOL MEDICAL OFFICERS AT SCHOOLS—		
Visits to Schools—	2,036	
Routine Inspection—		
Primary and Secondary Schools	13,949	
Special Schools	547	
Nursery Schools and Classes	2,220	
Selected cases	2,327	
“Following up”	5,811	
Special visits	5,626	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS—		
Inspection Clinic	16,020	35,582
Minor Ailment Clinic	18,706	31,818
OPHTHALMIC CLINIC—		
Treated by the Surgeons	5,002	9,026
Dressed by Nursing Sisters	2,124	11,428
Orthoptic Treatment	181	485
AURAL CLINIC—		
Treated by the Surgeon	366	445
Dressed by Nursing Sisters	2,277	20,103
DENTAL CLINIC—		
Inspected at schools	40,123	
Inspected at clinics	6,070	
Treated by School Dental Surgeons	18,011	31,654
ORTHOPÆDIC CLINIC—		
Examined by the Surgeons	541	946
RHEUMATISM AND HEART CLINIC—		
Examined by the Physician	500	960
CHILD GUIDANCE CLINIC	454	2,723
SPEECH THERAPY CLINIC	234	2,384
IMMUNIZATION AGAINST DIPHTHERIA—		
At schools and clinics	5,745	7,824
SCHOOL NURSING SISTERS AND NURSING ASSISTANTS—		
Examinations of children in schools	275,937	
Visits to homes	2,774	
Minor dressings at clinics and schools	15,496	94,403
TOTAL ATTENDANCES OF CHILDREN AT SCHOOL CLINICS		249,781

CITY OF SHEFFIELD

GENERAL INFORMATION.

Population	501,450
Area	39,598 acres.
Density of Population	12·6 persons per acre.
Rateable Value	£3,453,449
Education Rate	67·63d.
Penny Rate produces	£13,487
Primary and Secondary Schools (including Nursery Schools)—	
Number of schools	128
Number of departments	203
Average number on rolls	68,844
Special Schools—	
Number of schools	13
Average number on rolls	1,175



CITY OF SHEFFIELD

EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

I have the honour to present for your consideration the report on the work of the School Health Service for the year ended 31st December, 1947.

It is now forty years since the passing of the Education (Administration Provisions) Act in 1907 which made compulsory a system of medical inspection of all children in Elementary Schools. From such a simple beginning the school medical service grew steadily. The present systematic and comprehensive pattern is the result of the Committee's support and encouragement given to local and central recommendations.

The Committee's interest in this aspect of the welfare of the children, however, goes back previous to the passing of the 1907 Act. The medical inspection of children attending Elementary Schools under the Education Committee of the City of Sheffield was first undertaken in 1905 when a part-time medical officer was appointed. The schools were visited on three afternoons each week and all the classes were inspected. In September 1906 this doctor resigned and Dr. Ralph P. Williams was appointed as full-time Medical Officer of Schools.

The large catalogue of defects enumerated in the early years fortunately has no counterpart at the present time.

Improvement of the children's health has been noted subjectively over the years and it is a pleasure to note the consensus of opinion of the school medical officers that the health of the school children has been generally well maintained during the year under review.

Unfortunately, however, there was an epidemic of poliomyelitis (infantile paralysis) during the period but it would seem that the after effects in general are not severe.

The occurrence of small pox in a school child is an occasion in these days for comment. The restriction to one child, however, was due to the methods adopted to combat the possible spread.

Whilst on the subject of infectious diseases it is pleasing to note the further fall in the incidence of diphtheria. Prophylactic measures are taken to prevent the prevalence of this disease and the results are undoubtedly gratifying.

Whilst the main provisions in the Development Plan for the Special Schools must await the future it is a pleasure to record the improvements which have been carried out at the Wadsley Bridge Special School. Furthermore plans for a new school for the deaf have been accepted by the Ministry. It is to rise, however, not Phoenix-like on the site of the demolished school, but on the pleasanter outskirts of the City.

Of special interest this year is the passing of the School for the Blind to the care of the Education Authority.

The reorganization of the work of the Eye Department under a full-time ophthalmologist is meeting with success.

The appointment of a Senior School Dental Surgeon has been of great help in the planning and supervision of the Dental Service. The work, however, is hampered as the number of school dental surgeons falls short of establishment.

Similarly the work in the several departments of the School Health Service is hampered by the inability to obtain the services of psychiatric social workers and orthoptists.

On the other hand the Committee took steps towards the end of the year to increase the facilities of the School Health Service in sanctioning the appointments of a Consultant Orthodontist and a Chiropodist in 1948.

During the year agreement was reached with the Hospital Authorities over the appointed day for the payment by the Education Authority for the treatment of certain defects occurring amongst school children and the scheme is now working satisfactorily.

The importance of health education has become increasingly recognised and it is gratifying to note that the schools are integrating the subject with the daily activities.

It is interesting to note that this is one of the Authorities chosen for the investigation into morbidity and absenteeism amongst school children and the School Health Service is also taking an active share in the Royal College of Physicians investigation into rheumatism. During the year also a special enquiry into the number of children suffering from cerebral palsy was made at the request of the Ministry of Education as a pilot survey for national ascertainment.

These points and the account of the year's activities which follows cannot portray however the value of the day-to-day personal relationships between the staff and the children and their parents. The figures and the brief annotations which are given however may give an indication of the continuous force which is at work for the welfare of the City's children.

It is with sorrow that we record the death of Councillor F. H. Price. He gave much support and encouragement to the plans for the welfare of the children and in particular took an active interest in their games and physical education. We mourn the loss of a sincere and able member.

It is a pleasure again to acknowledge the continued support and keen interest of the Chairman and Members of the Committee in the welfare of the children ; the consideration and ready help of Mr. Moffett, the Director of Education, and the staff of the various departments, their help in the preparation of certain sections of the report, and Dr. Roberts, the Medical Officer of Health for certain vital statistics, and the continued keenness and loyal collaboration of the staff of the School Health Service during a year which has brought new problems.

H. M. COHEN,

School Medical Officer.

May, 1948.

CLINICS

Clinic	No. of Schools	No. of Depts.	Work undertaken
Central School Clinic, 7, Leopold Street	141	216	Administrative centre of school health service. Centre for examination of special cases, ophthalmic, orthoptic, ear, nose and throat, skin, orthopædic, heart and chiropody clinics (specialists). Central inspection, minor ailment, and immunization clinics.
Child Guidance Clinic, 9, New- bould Lane	141	216	Child Guidance.
Speech Therapy Clinic, 9, New- bould Lane	141	216	Speech Therapy.
DISTRICT MEDICAL CLINICS.			
Central School Clinic, 7, Leopold Street :—			
District E	21	29	} Inspection, minor ailment and immunization clinics.
District F	22	26	
Attercliffe Branch Clinic, Vicar- age Road	11	18	
Pitsmoor Branch Clinic, Elles- mere Road County School ..	12	23	
Hillsborough Branch Clinic, Broughton Road	16	25	
Heeley Branch Clinic, Lowfield County School.	23	33	
Handsworth Branch Clinic, Hall Road, Handsworth	4	8	
Woodhouse Branch Clinic, Bal- moral Road, Woodhouse ..	2	4	
Shiregreen Branch Clinic, Shire- green County School	8	14	
Manor Branch Clinic, Prince Edward County School ..	11	19	
Wisewood Branch Clinic, Wise- wood County School	5	7	
Wybourn Branch Clinic, Wy- bourn County School	4	5	
Southey Green Branch Clinic, Southey Green County School	2	5	
DENTAL CLINICS :—			
Central School Clinic, 7, Leopold Street	36	44	} Routine dental treatment and dental treatment of casual cases.
Owler Lane Branch Clinic, Owler Lane County School	12	22	
Western Road Branch Clinic, Western Road County School	11	18	
Attercliffe Branch Clinic, Vicar- age Road	12	21	
Manor Branch Clinic, Prince Edward County School ..	16	28	
Hillsborough Branch Clinic, Broughton Road	18	27	
Heeley Branch Clinic, Lowfield County School	25	34	
Southey Green Branch Clinic, Southey Green County School	4	10	
Hatfield House Lane Branch Clinic, Hatfield House Lane County School	7	12	

ATTENDANCES AT CLINICS

	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Hands-worth	Wood-house	Shire-green	Manor	Wise-wood	Southey Green	Wy-bourn	Special Depts.	Total
Inspection Clinic ..	6,233	3,697	3,519	3,124	1,930	2,237	829	561	3,694	4,078	1,401	1,092	2,761	426	35,582
Minor Ailments Clinic ..	5,094	3,710	2,638	2,934	2,227	2,248	839	584	3,536	4,919	1,009	321	1,418	341	31,818
Child Guidance Clinic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	2,723	2,723
Speech Therapy Clinic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	2,384	2,384
Treatment Clinics—															
Ophthalmic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	9,026	9,026
Orthoptic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	485	485
Aural ..	—	—	—	—	—	—	—	—	—	—	—	—	—	445	445
Dental (Central & Branch)	—	—	—	—	—	—	—	—	—	—	—	—	—	31,654	31,654
Orthopædic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	946	946
Rheumatism & Heart ..	—	—	—	—	—	—	—	—	—	—	—	—	—	960	960
Immunization ..	—	—	—	—	—	—	—	—	—	—	—	—	—	7,824	7,824
Dressings by School Nursing Sisters—															
Eye cases ..	554	1,362	513	1,060	1,229	125	174	642	1,306	461	230	498	3,274	11,428	11,428
Ear Cases ..	1,946	2,150	1,253	2,849	2,855	313	406	2,076	804	426	633	852	3,540	20,103	20,103
Minor surgical cases ..	8,405	5,953	6,603	5,283	7,272	1,432	1,841	6,868	8,123	2,146	4,126	6,162	30,189	94,403	94,403
	22,232	16,872	14,526	15,250	19,998	3,538	3,566	16,816	19,230	5,443	6,402	11,691	94,217	249,781	249,781

STAFF

There have been several changes and additions during the year amongst the specialist members of the staff.

Mr. Malcolm Ferguson was appointed full-time ophthalmologist in April and accordingly the part-time ophthalmic surgeons Mr. Ingman and Mrs. Warwick resigned. At the end of April Miss Hatherley, part-time Consultant Ophthalmic Surgeon, also resigned. Miss Hatherley had worked for the Authority since April 1926 and during this time had given excellent service. During the difficult war years more especially the responsibility of this department fell to her charge, and the problems were met with skill and efficiency.

Dr. C. H. Bösenberg resigned his appointment as physician to the Rheumatism and Heart Clinic and honorary visiting physician to Ash House School since its inception, on his leaving the country in June. In previous annual reports attempts have been made to give adequate testimony to his excellent pioneer work in the conduct of the clinic and the medical supervision of Ash House School.

Dr. S. Gordon of the Children's Hospital was appointed in his place in September.

Mr. A. Dornan was appointed an additional part-time Orthopædic Surgeon in March.

The new appointment of Senior School Dental Surgeon was filled by Mr. J. W. Shaw in May whilst Mr. A. G. Oldale and Mr. J. Clarke were appointed School Dental Surgeons in April and November respectively. Miss F. E. Birks, School Dental Surgeon, resigned in November and the vacancy has not yet been filled.

Sister N. R. Greenwood and Sister D. L. Ellis retired on superannuation in January after many years excellent service to the Authority. There have been various resignations amongst the School Nursing Sisters during the year but all the vacancies have been successfully filled.

Miss M. W. Lyon, Matron at the Bents Green Residential School resigned in October. In common with most residential establishments there had been acute difficulties over the staffing of the school during the war years on both the professional and domestic side. Tribute is paid to Miss Lyon for the manner in which she faced these problems and the zeal she showed for the welfare of the children.

There have been several resignations amongst the Nursing Assistants and Dental Attendants during the year but these vacancies have been successfully filled.

Miss G. A. Priest the remaining part-time Orthoptist resigned in April and the vacancies have not yet been filled.

In October Miss B. Worrall was appointed as an additional Assistant Speech Therapist.

Miss M. M. Lodge, Dispenser, resigned in July and Miss B. Kenyon was appointed to fill the vacancy in September.

CO-ORDINATION

A full review of the inter-availability service between the Public Health Department and the School Health Service has been given previously.

Treatment of pre-school children at the various school clinics :—

Treatment given—				Cases		Attendances.	
Dental	..	..	..	97	..	..	111

Treatment of pupils from the Junior Occupation Centre :—

Treatment given—				Cases		Attendances.	
Dental	..	..	..	8	..	..	8

MEDICAL INSPECTION

In accordance with the School Health Service Regulations 1945 arrangements have been made for the medical inspection of pupils—

- (a) as soon as possible after the date of their admission to a maintained school for the first time ;
- (b) during the last year of their attendance at a maintained Primary School ;
- (c) during the last year of their attendance at a maintained Secondary School.

The new Medical Record issued by the Ministry under the School Health Service Regulations has been used this year according to instructions for the entrants group. It has been so devised that full information can be obtained regarding the medical condition of the child and the family history. Social conditions have an important effect on the condition of the child and the subject has an appropriate if confidential place in a health record. There is a welcome space also for the continuous medical history of the child.

During most of the war period the systematic medical examination of the intermediate category of pupils was omitted owing to shortage of medical staff and the addition of various medical duties. Defects in this group were discovered by means of the "survey system." The value of this method was shown in the analyses given in previous reports. During the

year however the medical examination of the second, or intermediate age group, was again undertaken. The parents are asked to attend these examinations and their interest and appreciation of a "medical audit" at the end of the primary stage of education is shown by the large number—over 70 per cent.—present at the examinations. This is extremely gratifying as much can be done at these consultations to help the child materially in the more exacting period of secondary education through the co-operation of the parent.

The main statistics on medical inspection will be found on pages 88 - 90. The findings are given in a new table this year according to the Ministry's requirements. It will be noted that there is a marked drop in the number of examinations of the third age group ("the leavers"). With the raising of the school leaving age in April many in their last year at school had already, of course, been examined in the previous year in the third group.

The number of children (1946 figures in brackets) found to require treatment at the routine examination for various defects was 1,433 (1,994). In addition, 1,624 (1,713) were referred for further medical supervision.

At the "follow up" examinations, which take place approximately six months after the routine medical inspections, 5,811 (7,178) children were examined.

There were 2,327 (3,872) cases selected at the survey inspection and 707 (1,175) were found to require treatment.

The percentage of the three routine medical inspection groups referred for treatment (excluding defects of nutrition, uncleanliness and dental diseases) were as follows:—

Entrants	..	..	..	..	..	10·79
2nd Group	..	..	..	..	..	7·02
3rd Group	..	..	..	..	..	14·35
Total for all three groups	..	..	..	..	..	10·27

GENERAL CONDITION

ASSISTANT SCHOOL MEDICAL OFFICERS' REPORTS

"I feel that the general health of the children I have had under observation during the year has been good.

I have noted this especially in the entrants' group seen at the 'routine' health inspections and I believe that the 5—6 year olds are physically much superior and mentally more alert than similar groups in earlier years."

“I have not noticed any signs of deterioration in general health of the children during the year. That is, physically they seem to be much as before—some excellent, some poor and most in between.

I have, however, noticed at the periodic health inspection an increase in the number of psychological difficulties. This is only apparent when the mother or adult attends and the information is given confidentially. In most cases the cause is indirectly the war—that is a broken home or some other difficulty which would not have transpired had the parents been together throughout.”

“Although there was prolonged sunshine during the summer months there appeared to be a lowered resistance during the autumn to nasopharyngeal infections. There was an outbreak of severe tonsillitis during September—the duration being about 2—4 weeks in most cases compared with a week previously. The children were left debilitated and listless.”

CLASSIFICATION OF CHILDREN UNDER THE HEADING

“GENERAL CONDITION” ON THE SCHOOL MEDICAL RECORD CARD.

Reference has already been made in this report to the new prescribed medical record which the Ministry of Education introduced for the year under review. In the medical record card used previously there was the heading “Nutrition” and an analysis of the findings of the school medical officers used to appear in these columns dividing the children into “excellent,” “good,” “slightly sub-normal” and “bad” nutrition. Furthermore comparisons were made with the previous years and the averages for England and Wales.

In view of such criticism as that the assessments were made on clinical examination alone and the fallibility of such subjective judgment, the heading “Nutrition” has been discarded in the new prescribed record and “General condition” has been substituted. The doctors are asked to classify the children into three classes under this heading: good, fair, and poor, according to the examining medical officer’s general impression of the child’s physical fitness.

The results are given in the following table.

Age Groups	Number examined	Good Per cent.	Fair Per cent.	Poor Per cent
Entrants	6,355	57·50	39·78	2·72
Intermediates	4,674	59·05	38·51	2·44
Leavers	2,920	68·84	27·36	3·80
TOTAL FOR ALL THREE GROUPS	13,949	60·39	36·76	2·85

HEIGHTS AND WEIGHTS

The anthropometric examinations of the children have been undertaken during the year in increasing numbers. The measurements given in the following tables show how far the "averages" have been maintained by comparison with previous years. Of more importance, however, is the growth rate of each individual child which is shown by the regular measurements on his chart and available for the school medical officer. For example, measurement on a single occasion—the "static" measurement—gives no indication of the genetic factors concerned. In other words the subject may be the light jockey type or the heavy-weight boxer type.

Bearing these points in mind a comparison has been made between the measurements of the various age groups for boys and girls for this year and last year. The measurements appear in the accompanying tables.

Whilst the Board of Education norms for 1928 are also given they must be used with some caution for comparative purposes. The Board's table for the five year old group, for example, is compiled from data grouped round children aged four years six months and over, but under five years six months. The Authority's figures for this group, however, are based on children over five years but under six years. The range is similar for all the other age groups.

HEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS (OTHER THAN GRAMMAR SCHOOLS)

BOYS												GIRLS					
Age	Board of Education Standard 1928 Inches	1920 Inches	1928 Inches	1938 Inches	1945 Inches	1946 Inches	1947 Inches	No. Exam-ined 1947	Age	Board of Education Standard 1928 Inches	1920 Inches	1928 Inches	1938 Inches	1945 Inches	1946 Inches	1947 Inches	No. Exam-ined 1947
5	41.4	40.5	41.3	42.44	42.93	42.78	43.45	82	5	41.1	40.75	41.5	42.13	42.64	42.47	42.91	105
6	43.0	42.75	44.6	44.76	44.77	45.05	44.81	632	6	42.8	42.45	43.4	44.25	44.63	44.73	44.67	581
7	45.4	44.4	45.85	47.09	46.98	46.84	47.12	713	7	45.1	44.05	46.1	46.77	46.59	46.81	46.75	659
8	47.8	46.9	48.3	49.21	49.84	50.03	49.29	737	8	47.5	46.9	47.85	48.86	48.85	49.59	49.05	782
9	49.2	48.45	49.7	50.47	50.38	51.72	51.20	785	9	48.9	47.95	49.9	50.39	51.22	52.10	50.88	727
10	51.3	49.8	50.55	52.28	54.31	54.13	53.15	810	10	51.2	50.25	50.75	52.13	54.38	53.06	52.93	750
11	52.7	53.55	52.6	53.98	54.91	57.23	54.67	654	11	52.8	51.1	53.5	55.28	55.62	56.80	54.93	616
12	55.0	54.05	55.1	56.42	56.44	57.30	56.38	525	12	55.6	54.5	56.5	57.52	57.96	58.14	57.31	505
13	56.2	55.7	56.2	57.91	59.10	58.89	58.92	579	13	56.9	56.05	57.6	58.9	60.02	59.64	59.28	553
14	58.0	56.45	57.9	59.8	60.38	60.69	60.39	160	14	58.9	57.0	58.3	60.75	60.90	60.65	60.53	150

WEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS (OTHER THAN GRAMMAR SCHOOLS)

BOYS										GIRLS								
Age	Board of Education Standard 1928	1920	1928	1938	1945	1946	1947	No. Exam-ined		Age	Board of Education Standard 1928	1920	1928	1938	1945	1946	1947	No. Exam-ined
	Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	1947			Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	
5	38.7	38.6	42.65	41.49	41.58	41.48	43.45	82		5	37.5	38.9	38.8	39.93	40.18	40.03	41.03	105
6	41.3	42.2	44.6	45.72	44.95	46.09	45.53	632		6	40.1	40.45	42.3	43.87	43.71	44.49	44.65	581
7	45.4	45.1	48.2	51.1	49.77	50.38	50.81	713		7	44.4	42.1	47.7	49.12	47.62	48.49	48.81	659
8	51.0	50.15	53.3	56.17	57.12	58.74	56.47	737		8	49.4	49.05	51.8	54.17	54.41	56.78	54.56	782
9	54.8	52.25	57.75	60.0	61.73	63.68	62.04	785		9	52.6	52.2	55.65	58.0	59.12	65.00	60.14	727
10	59.6	57.7	60.65	64.29	74.52	70.33	67.52	810		10	59.8	53.4	59.5	63.8	67.61	67.64	66.32	750
11	64.6	68.2	64.9	70.86	73.49	83.78	72.86	654		11	63.9	61.75	70.95	75.44	77.48	78.16	73.11	616
12	71.6	70.4	74.95	80.14	79.35	82.76	80.07	525		12	73.9	71.05	77.5	83.47	85.85	84.29	82.99	505
13	76.5	73.75	80.0	85.61	90.07	89.48	89.49	579		13	79.0	77.35	83.4	89.66	96.04	94.35	93.38	553
14	86.1	79.55	84.4	94.14	95.16	96.96	97.31	160		14	88.2	78.95	90.0	100.5	99.65	101.12	100.22	150

DETAILS OF 1946 MEASUREMENTS COMPARED WITH 1947

PRIMARY AND SECONDARY SCHOOLS (other than Grammar Schools).

HEIGHT—BOYS (IN INCHES).

Age	No. of boys	1946		No. of boys	1947		Difference ± S.E. 1947-1946	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	3068	42.78±0.034	1.90	82	43.45±0.187	1.69	0.67±0.190	4
6	934	45.05±0.071	2.17	632	44.81±0.081	2.05	-0.24±0.108	-2
7	216	46.84±0.154	2.26	713	47.12±0.079	2.11	0.28±0.173	2
8	45	50.03±0.443	2.97	737	49.29±0.086	2.34	-0.74±0.451	-2
9	44	51.72±0.428	2.84	785	51.20±0.088	2.47	-0.52±0.437	-1
10	20	54.13±0.654	2.93	810	53.15±0.085	2.42	-0.98±0.660	-1
11	8	57.23±1.269	3.59	654	54.67±0.103	2.64	-2.56±1.273	-2
12	63	57.30±0.397	3.15	525	56.38±0.131	2.99	-0.92±0.418	-2
13	2471	58.89±0.065	3.22	579	58.92±0.130	3.13	0.03±0.145	0
14	243	60.69±0.214	3.33	160	60.39±0.269	3.40	-0.30±0.344	-1

WEIGHT—BOYS (IN POUNDS).

Age	No. of boys	1946		No. of boys	1947		Difference ± S.E. 1947-1946	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	3068	41.48±0.083	4.62	82	43.45±0.439	3.97	1.97±0.447	4
6	934	46.09±0.189	5.77	632	45.53±0.207	5.21	-0.56±0.280	-2
7	216	50.38±0.443	6.50	713	50.81±0.215	5.75	0.43±0.492	1
8	45	58.74±1.548	10.38	737	56.47±0.270	7.34	-2.27±1.571	-1
9	44	63.68±1.448	9.61	785	62.04±0.308	8.63	-1.64±1.480	-1
10	20	70.33±3.629	16.23	810	67.52±0.319	9.09	-2.81±3.643	-1
11	8	83.78±6.731	19.04	654	72.86±0.429	10.97	-10.92±6.745	-2
12	63	82.76±1.716	13.62	525	80.07±0.586	13.42	-2.69±1.813	-1
13	2471	89.48±0.308	15.32	579	89.49±0.637	15.34	0.01±0.708	0
14	243	96.96±1.065	16.60	160	97.31±1.346	17.03	0.35±1.716	0

HEIGHT—GIRLS (IN INCHES).

Age	No. of girls	1946		No. of girls	1947		Difference ± S.E. 1947-1946	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	3018	42.47±0.037	2.05	105	42.91±0.187	1.91	0.44±0.191	2
6	926	44.73±0.069	2.10	581	44.67±0.086	2.08	-0.06±0.110	-1
7	205	46.81±0.172	2.47	659	46.75±0.081	2.07	-0.06±0.190	0
8	49	49.59±0.430	3.01	782	49.05±0.080	2.24	-0.54±0.437	-1
9	31	52.10±0.435	2.42	727	50.88±0.089	2.41	-1.22±0.444	-3
10	25	53.06±0.474	2.37	750	52.93±0.094	2.57	-0.13±0.483	0
11	11	56.80±0.829	2.75	616	54.93±0.111	2.75	-1.87±0.836	-2
12	43	58.14±0.411	2.70	505	57.31±0.129	2.89	-0.83±0.431	-2
13	2391	59.64±0.056	2.75	553	59.28±0.119	2.80	-0.36±0.132	-3
14	210	60.65±0.194	2.81	150	60.53±0.201	2.46	-0.12±0.279	0

WEIGHT—GIRLS (IN POUNDS).

Age	No. of girls	1946		No. of girls	1947		Difference ± S.E. 1947-1946	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	3018	40.03±0.092	5.05	105	41.03±0.495	5.07	1.00±0.503	2
6	926	44.49±0.187	5.69	581	44.65±0.239	5.75	0.16±0.303	1
7	205	48.49±0.415	5.94	659	48.81±0.239	6.13	0.32±0.479	1
8	49	56.78±1.275	8.93	782	54.56±0.269	7.53	-2.22±1.303	-2
9	31	65.00±2.178	12.13	727	60.14±0.362	9.76	-4.86±2.208	-2
10	25	67.64±2.441	12.20	750	66.32±0.383	10.50	-1.32±2.471	-1
11	11	78.16±3.179	10.54	616	73.11±0.512	12.71	-5.05±3.220	-2
12	43	84.29±2.174	14.25	505	82.99±0.676	15.19	-1.30±2.277	-1
13	2391	94.35±0.348	17.03	553	93.38±0.705	16.59	-0.97±0.786	-1
14	210	101.12±1.259	18.25	150	100.22±1.296	15.88	-0.90±1.807	0

S.E. = Standard error

S.D. = Standard deviation

In the main the subjective findings of the school medical officers are corroborated for while there is a diminution in the heights and weights of certain age groups, only in two groups of girls was the diminution in height statistically significant. On the other hand it is heartening to find that the five year olds, both boys and girls, have improved compared with the previous year's measurements, the boys significantly both in height and weight. Last year there was a complete reverse for this age group. It is difficult to assess the causes for these short term fluctuations in growth although the fact that during the past several years there has been a marked increase in the rate of growth of children may have some bearing on this.

As in previous years advantage has been taken of the availability of these measurements in collecting certain group data. This year it was decided to divide the schools into good, medium and poor types from a socio-economic point of view, and compare the inter-relationships of the heights and weights of the various age groups.

Compared with the averages for the whole of the schools, the good schools were superior, significantly so, in most age groups, the medium schools were approximately the same, whilst the poor schools were inferior, significantly so in most age groups, except for the five year old groups, which showed no difference. The improvement in the measurements for these five-year-olds was mentioned earlier in this section and it is very gratifying to note that it is present in the three types of schools.

The inter-relationships of the findings for these types of schools is shown in the accompanying tables. There is a progressive diminution in height and weight from the good to the medium, and from the medium to the poor types. One can only speculate on the significance of these findings but at the same time the problem must not be lost sight of in the comparatively complacent picture of the City's children as a whole.

DETAILS OF COMPARISON OF MEASUREMENTS BETWEEN VARIOUS TYPES OF SCHOOLS.

PRIMARY AND SECONDARY SCHOOLS (other than Grammar Schools).

HEIGHT—BOYS (in inches) ALL SCHOOLS AND GOOD SCHOOLS.

Age	No. of boys	ALL SCHOOLS		No. of boys	GOOD SCHOOLS		Difference ± S.E. All-Good	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	82	43.45±0.187	1.69	18	44.16±0.292	1.24	-0.71±0.347	-2
6	632	44.81±0.081	2.05	158	45.34±0.154	1.93	-0.53±0.174	-3
7	713	47.12±0.079	2.11	162	47.76±0.166	2.11	-0.64±0.184	-3
8	737	49.29±0.086	2.34	202	50.09±0.151	2.15	-0.80±0.174	-5
9	785	51.20±0.088	2.47	238	51.64±0.160	2.47	-0.44±0.183	-2
10	810	53.15±0.085	2.42	227	53.65±0.159	2.40	-0.50±0.180	-3
11	654	54.67±0.103	2.64	161	55.46±0.212	2.69	-0.79±0.236	-3
12	525	56.38±0.131	2.99	86	57.98±0.377	3.49	-1.60±0.399	-4
13	579	58.92±0.130	3.13	111	59.95±0.297	3.13	-1.03±0.324	-3
14	160	60.39±0.269	3.40	43	60.97±0.594	3.90	-0.58±0.652	-1

WEIGHT—BOYS (in pounds) ALL SCHOOLS AND GOOD SCHOOLS.

Age	No. of boys	ALL SCHOOLS		No. of boys	GOOD SCHOOLS		Difference ± S.E. All-Good	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	82	43.45±0.439	3.97	18	45.07±0.980	4.16	-1.62±1.074	-2
6	632	45.53±0.207	5.21	158	46.56±0.399	5.01	-1.03±0.449	-2
7	713	50.81±0.215	5.75	162	51.96±0.468	5.96	-1.15±0.515	-2
8	737	56.47±0.270	7.34	202	58.64±0.542	7.70	-2.17±0.606	-4
9	785	62.04±0.308	8.63	238	62.79±0.565	8.72	-0.75±0.643	-1
10	810	67.52±0.319	9.09	227	68.96±0.583	8.78	-1.44±0.665	-2
11	654	72.86±0.429	10.97	161	75.68±1.029	13.05	-2.82±1.115	-3
12	525	80.07±0.586	13.42	86	85.60±1.668	15.47	-5.53±1.768	-3
13	579	89.49±0.637	15.34	111	93.33±1.607	16.93	-3.84±1.729	-2
14	160	97.31±1.346	17.03	43	103.21±3.261	21.38	-5.90±3.528	-2

HEIGHT—GIRLS (in inches) ALL SCHOOLS AND GOOD SCHOOLS.

Age	No. of girls	ALL SCHOOLS		No. of girls	GOOD SCHOOLS		Difference ± S.E. All-Good	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	105	42.91±0.187	1.91	29	43.28±0.450	2.42	-0.37±0.487	-1
6	581	44.67±0.086	2.08	126	45.36±0.176	1.97	-0.69±0.196	-4
7	659	46.75±0.081	2.07	162	47.37±0.164	2.08	-0.62±0.183	-3
8	782	49.05±0.080	2.24	209	49.96±0.153	2.21	-0.91±0.173	-5
9	727	50.88±0.089	2.41	215	51.49±0.153	2.25	-0.61±0.177	-3
10	750	52.93±0.094	2.57	195	53.64±0.202	2.82	-0.71±0.223	-3
11	616	54.93±0.111	2.75	155	55.52±0.231	2.88	-0.59±0.256	-2
12	505	57.31±0.129	2.89	71	58.51±0.304	2.56	-1.20±0.330	-4
13	553	59.28±0.119	2.80	98	60.33±0.274	2.71	-1.05±0.299	-4
14	150	60.53±0.201	2.46	42	61.76±0.374	2.42	-1.23±0.425	-3

WEIGHT—GIRLS (in pounds) ALL SCHOOLS AND GOOD SCHOOLS.

Age	No. of girls	ALL SCHOOLS		No. of girls	GOOD SCHOOLS		Difference ± S.E. All-Good	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	105	41.03±0.495		29	41.13±0.917	4.94	-0.10±1.042	0
6	581	44.65±0.239		126	46.16±0.499	5.60	-1.51±0.553	-3
7	659	48.81±0.239		162	50.67±0.497	6.33	-1.86±0.551	-3
8	782	54.56±0.269		209	56.96±0.523	7.56	-2.40±0.588	-4
9	727	60.14±0.362		215	62.06±0.655	9.60	-1.92±0.748	-3
10	750	66.32±0.383		195	68.90±0.783	10.93	-2.58±0.872	-3
11	616	73.11±0.512		155	74.20±1.085	13.51	-1.09±1.200	-1
12	505	82.99±0.676		71	88.15±2.024	17.05	-5.16±2.134	-2
13	553	93.38±0.705		98	99.01±1.710	16.93	-5.63±1.850	-3
14	150	100.22±1.296		42	106.14±2.393	15.51	-5.92±2.721	-2

S.E. = Standard error

S.D. = Standard deviation

PRIMARY AND SECONDARY SCHOOLS (other than Grammar Schools).

HEIGHT—BOYS (in inches) ALL SCHOOLS AND MEDIUM SCHOOLS.

Age	No. of boys	ALL SCHOOLS		No. of boys	MEDIUM SCHOOLS		Difference ± S.E. All-Medium	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	82	43.45±0.187	1.69	39	43.18±0.298	1.86	0.27±0.352	1
6	632	44.81±0.081	2.05	242	44.82±0.129	2.00	-0.01±0.152	0
7	713	47.12±0.079	2.11	305	47.22±0.123	2.14	-0.10±0.146	-1
8	737	49.29±0.086	2.34	258	49.27±0.145	2.33	0.02±0.169	0
9	785	51.20±0.088	2.47	290	51.37±0.132	2.25	-0.17±0.159	-1
10	810	53.15±0.085	2.42	328	53.27±0.135	2.45	-0.12±0.160	-1
11	654	54.67±0.103	2.64	254	54.66±0.160	2.55	0.01±0.190	0
12	525	56.38±0.131	2.99	260	56.32±0.170	2.74	0.06±0.215	0
13	579	58.92±0.130	3.13	277	59.15±0.188	3.12	-0.23±0.229	-1
14	160	60.39±0.269	3.40	53	60.02±0.446	3.24	0.37±0.521	1

WEIGHT—BOYS (in pounds) ALL SCHOOLS AND MEDIUM SCHOOLS.

Age	No. of boys	ALL SCHOOLS		No. of boys	MEDIUM SCHOOLS		Difference ± S.E. All-Medium	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	82	43.45±0.439	3.97	39	42.62±0.655	4.09	0.83±0.789	1
6	632	45.53±0.207	5.21	242	45.36±0.354	5.51	0.17±0.410	0
7	713	50.81±0.215	5.75	305	51.02±0.343	5.99	-0.21±0.405	-1
8	737	56.47±0.270	7.34	258	56.13±0.430	6.90	0.34±0.508	1
9	785	62.04±0.308	8.63	290	62.58±0.514	8.75	0.54±0.599	-1
10	810	67.52±0.319	9.09	328	67.38±0.508	9.20	0.14±0.600	0
11	654	72.86±0.429	10.97	254	73.00±0.657	10.47	-0.14±0.785	0
12	525	80.07±0.586	13.42	260	79.64±0.793	12.78	0.43±0.986	0
13	579	89.49±0.637	15.34	277	90.04±0.877	14.60	-0.55±1.084	-1
14	160	97.31±1.346	17.03	53	93.51±2.090	15.22	3.80±2.486	2

HEIGHT—GIRLS (in inches) ALL SCHOOLS AND MEDIUM SCHOOLS.

Age	No. of girls	ALL SCHOOLS		No. of girls	MEDIUM SCHOOLS		Difference ± S.E. All-Medium	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	105	42.91±0.187	1.91	45	42.72±0.247	1.66	0.19±0.310	1
6	581	44.67±0.086	2.08	215	44.64±0.141	2.07	0.03±0.165	0
7	659	46.75±0.081	2.07	272	46.66±0.130	2.15	0.09±0.153	1
8	782	49.05±0.080	2.24	302	48.95±0.122	2.12	0.10±0.146	1
9	727	50.88±0.089	2.41	255	50.71±0.157	2.50	0.17±0.180	1
10	750	52.93±0.094	2.57	279	53.00±0.143	2.39	-0.07±0.171	0
11	616	54.93±0.111	2.75	239	54.93±0.173	2.67	0.00±0.206	0
12	505	57.31±0.129	2.89	228	57.51±0.193	2.92	-0.20±0.232	-1
13	553	59.28±0.119	2.80	248	59.40±0.177	2.80	-0.12±0.213	-1
14	150	60.53±0.201	2.46	52	60.02±0.322	2.32	0.51±0.380	1

WEIGHT—GIRLS (in pounds) ALL SCHOOLS AND MEDIUM SCHOOLS.

Age	No. of girls	ALL SCHOOLS		No. of girls	MEDIUM SCHOOLS		Difference ± S.E. All-Medium	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	105	41.03±0.495	5.07	45	41.15±0.704	4.72	-0.12±0.861	0
6	581	44.65±0.239	5.75	215	44.37±0.404	5.92	0.28±0.469	1
7	659	48.81±0.239	6.13	272	48.66±0.380	6.27	0.15±0.449	0
8	782	54.56±0.269	7.53	302	54.25±0.450	7.81	0.31±0.524	1
9	727	60.14±0.362	9.76	255	59.61±0.618	9.86	0.53±0.716	1
10	750	66.32±0.383	10.50	279	66.08±0.648	10.82	0.24±0.753	0
11	616	73.11±0.512	12.71	239	73.35±0.798	12.34	-0.24±0.948	0
12	505	82.99±0.676	15.19	228	83.50±1.038	15.67	-0.51±1.239	0
13	553	93.38±0.705	16.59	248	93.31±1.019	16.04	0.07±1.239	
14	150	100.22±1.296	15.88	52	94.84±1.955	14.10	5.38±2.346	

S.E. = Standard error

S.D. = Standard deviation

PRIMARY AND SECONDARY SCHOOLS (other than Grammar Schools).

HEIGHT—BOYS (in inches) ALL SCHOOLS AND POOR SCHOOLS.

Age	No. of boys	ALL SCHOOLS		No. of boys	POOR SCHOOLS		Difference ± S.E. All-Poor	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	82	43.45±0.187	1.69	25	43.37±0.320	1.60	0.08±0.371	0
6	632	44.81±0.081	2.05	232	44.44±0.138	2.10	0.37±0.160	2
7	713	47.12±0.079	2.11	246	46.57±0.123	1.92	0.55±0.146	4
8	737	49.29±0.086	2.34	277	48.73±0.139	2.32	0.56±0.163	3
9	785	51.20±0.088	2.47	257	50.61±0.161	2.59	0.59±0.183	3
10	810	53.15±0.085	2.42	255	52.55±0.143	2.29	0.60±0.166	4
11	654	54.67±0.103	2.64	239	54.16±0.167	2.58	0.51±0.196	3
12	525	56.38±0.131	2.99	179	55.70±0.210	2.81	0.68±0.248	3
13	579	58.92±0.130	3.13	191	58.00±0.210	2.90	0.92±0.247	4
14	160	60.39±0.269	3.40	64	60.32±0.395	3.16	0.07±0.478	0

WEIGHT—BOYS (in pounds) ALL SCHOOLS AND POOR SCHOOLS.

Age	No. of boys	ALL SCHOOLS		No. of boys	POOR SCHOOLS		Difference ± S.E. All-Poor	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	82	43.45±0.439	3.97	25	43.56±0.677	3.38	-0.11±0.807	0
6	632	45.53±0.207	5.21	232	45.00±0.325	4.95	0.53±0.385	1
7	713	50.81±0.215	5.75	246	49.79±0.326	5.11	1.02±0.391	3
8	737	56.47±0.270	7.34	277	55.20±0.428	7.13	1.27±0.506	3
9	785	62.04±0.308	8.63	257	60.73±0.517	8.29	1.31±0.602	2
10	810	67.52±0.319	9.09	255	66.43±0.569	9.08	1.09±0.652	2
11	654	72.86±0.429	10.97	239	70.82±0.611	9.45	2.04±0.747	3
12	525	80.07±0.586	13.42	179	78.05±0.943	12.61	2.02±1.110	2
13	579	89.49±0.637	15.34	191	86.45±1.077	14.89	3.04±1.251	2
14	160	97.31±1.346	17.03	64	96.49±1.765	14.12	0.82±2.220	0

HEIGHT—GIRLS (in inches) ALL SCHOOLS AND POOR SCHOOLS.

Age	No. of girls	ALL SCHOOLS		No. of girls	POOR SCHOOLS		Difference ± S.E. All-Poor	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	105	42.91±0.187	19.1	31	42.84±0.309	1.72	0.07±0.361	0
6	581	44.67±0.086	2.08	240	44.32±0.134	2.07	0.35±0.159	2
7	659	46.75±0.081	2.07	225	46.43±0.126	1.88	0.32±0.150	2
8	782	49.05±0.080	2.24	271	48.45±0.133	2.19	0.60±0.155	4
9	727	50.88±0.089	2.41	257	50.52±0.146	2.35	0.36±0.171	2
10	750	52.93±0.094	2.57	276	52.36±0.146	2.43	0.57±0.174	3
11	616	54.93±0.111	2.75	222	54.52±0.180	2.69	0.41±0.211	2
12	505	57.31±0.129	2.89	206	56.67±0.196	2.82	0.64±0.235	3
13	553	59.28±0.119	2.80	207	58.64±0.186	2.68	0.64±0.221	3
14	150	60.53±0.201	2.46	56	60.07±0.311	2.33	0.46±0.370	1

WEIGHT—GIRLS (in pounds) ALL SCHOOLS AND POOR SCHOOLS

Age	No. of girls	ALL SCHOOLS		No. of girls	POOR SCHOOLS		Difference ± S.E. All-Poor	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	105	41.03±0.495	5.07	31	40.75±1.042	5.80	0.28±1.154	0
6	581	44.65±0.239	5.75	240	44.11±0.359	5.56	0.54±0.431	1
7	659	48.81±0.239	6.13	225	47.65±0.366	5.49	1.16±0.437	3
8	782	54.56±0.269	7.53	271	53.07±0.408	6.72	1.49±0.489	3
9	727	60.14±0.362	9.76	257	59.07±0.598	9.59	1.07±0.699	2
10	750	66.32±0.383	10.50	276	64.75±0.572	9.50	1.57±0.688	2
11	616	73.11±0.512	12.71	222	72.08±0.840	12.51	1.03±0.984	1
12	505	82.99±0.676	15.19	206	80.63±0.937	13.45	2.36±1.155	2
13	553	93.38±0.705	16.59	207	90.78±1.147	16.50	2.60±1.346	2
14	150	100.22±1.296	15.88	56	100.78±2.175	16.28	-0.56±2.532	0

S.E. = Standard error

S.D. = Standard deviation

PRIMARY AND SECONDARY SCHOOLS (other than Grammar Schools).

HEIGHT—BOYS (in inches) GOOD SCHOOLS AND MEDIUM SCHOOLS.

Age	No. of boys	GOOD SCHOOLS		No. of boys	MEDIUM SCHOOLS		Difference ± S.E. Good-Medium	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	18	44.16±0.292	1.24	39	43.18±0.298	1.86	0.98±0.417	2
6	158	45.34±0.154	1.93	242	44.82±0.129	2.00	0.52±0.201	3
7	162	47.76±0.166	2.11	305	47.22±0.123	2.14	0.54±0.207	3
8	202	50.09±0.151	2.15	258	49.27±0.145	2.33	0.82±0.209	4
9	238	51.64±0.160	2.47	290	51.37±0.132	2.25	0.27±0.207	1
10	227	53.65±0.159	2.40	328	53.27±0.135	2.45	0.38±0.209	2
11	161	55.46±0.212	2.69	254	54.66±0.160	2.55	0.80±0.266	3
12	86	57.98±0.377	3.49	260	56.32±0.170	2.74	1.66±0.414	4
13	111	59.95±0.297	3.13	277	59.15±0.188	3.12	0.80±0.352	2
14	43	60.97±0.594	3.90	53	60.02±0.446	3.24	0.95±0.743	1

WEIGHT—BOYS (in pounds) GOOD SCHOOLS AND MEDIUM SCHOOLS.

Age	No. of boys	GOOD SCHOOLS		No. of boys	MEDIUM SCHOOLS		Difference ± S.E. Good-Medium	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	18	45.07±0.980	4.16	39	42.62±0.655	4.09	2.45±1.179	2
6	158	46.56±0.399	5.01	242	45.36±0.354	5.51	1.20±0.533	2
7	162	51.96±0.468	5.96	305	51.02±0.343	5.99	0.94±0.580	2
8	202	58.64±0.542	7.70	258	56.13±0.430	6.90	2.51±0.692	4
9	238	62.79±0.565	8.72	290	62.58±0.514	8.75	0.21±0.764	0
10	227	68.96±0.583	8.78	328	67.38±0.508	9.20	1.58±0.773	2
11	161	75.68±1.029	13.05	254	73.00±0.657	10.47	2.68±1.221	2
12	86	85.60±1.668	15.47	260	79.64±0.793	12.78	5.96±1.847	3
13	111	93.33±1.607	16.93	277	90.04±0.877	14.60	3.29±1.831	2
14	43	103.21±3.261	21.38	53	93.51±2.090	15.22	9.70±3.873	3

HEIGHT—GIRLS (in inches) GOOD SCHOOLS AND MEDIUM SCHOOLS.

Age	No. of Girls	GOOD SCHOOLS		No. of girls	MEDIUM SCHOOLS		Difference ± S.E. Good-Medium	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	29	43.28±0.450	2.42	45	42.72±0.247	1.66	0.56±0.513	1
6	126	45.36±0.176	1.97	215	44.64±0.141	2.07	0.72±0.226	3
7	162	47.37±0.164	2.08	272	46.66±0.130	2.15	0.71±0.209	3
8	209	49.96±0.153	2.21	302	48.95±0.122	2.12	1.01±0.196	5
9	215	51.49±0.153	2.25	255	50.71±0.157	2.50	0.78±0.219	4
10	195	53.64±0.202	2.82	279	53.00±0.143	2.39	0.64±0.247	3
11	155	55.52±0.231	2.88	239	54.93±0.173	2.67	0.59±0.289	2
12	71	58.51±0.304	2.56	228	57.51±0.193	2.92	1.00±0.360	3
13	98	60.33±0.274	2.71	248	59.40±0.177	2.80	0.93±0.326	3
14	42	61.76±0.374	2.42	52	60.02±0.322	2.32	1.74±0.494	4

WEIGHT—GIRLS (in pounds) GOOD SCHOOLS AND MEDIUM SCHOOLS.

Age	No. of Girls	GOOD SCHOOLS		No. of girls	MEDIUM SCHOOLS		Difference ± S.E. Good-Medium	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	29	41.13±0.917	4.94	45	41.15±0.704	4.72	-0.02±1.156	0
6	126	46.16±0.499	5.60	215	44.37±0.404	5.92	1.79±0.642	3
7	162	50.67±0.497	6.33	272	48.66±0.380	6.27	2.01±0.626	3
8	209	56.96±0.523	7.56	302	54.25±0.450	7.81	2.71±0.690	4
9	215	62.06±0.655	9.60	255	59.61±0.618	9.86	2.45±0.901	3
10	195	68.90±0.783	10.93	279	66.08±0.648	10.82	2.82±1.016	3
11	155	74.20±1.085	13.51	239	73.35±0.798	12.34	0.85±1.347	1
12	71	88.15±2.024	17.05	228	83.50±1.038	15.67	4.65±2.275	2
13	98	99.01±1.710	16.93	248	93.31±1.019	16.04	5.70±1.991	3
14	42	106.14±2.393	15.51	52	94.84±1.955	14.10	11.30±3.090	4

S.E. = Standard error

S.D. = Standard deviation

PRIMARY AND SECONDARY SCHOOLS (other than Grammar Schools).

HEIGHT—BOYS (in inches) GOOD SCHOOLS AND POOR SCHOOLS.

Age	No. of boys	GOOD SCHOOLS		No. of boys	POOR SCHOOLS		Difference ± S.E. Good-Poor	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	18	44.16±0.292	1.24	25	43.37±0.320	1.60	0.79±0.433	2
6	158	45.34±0.154	1.93	232	44.44±0.138	2.10	0.90±0.207	4
7	162	47.76±0.166	2.11	246	46.57±0.123	1.92	1.19±0.207	6
8	202	50.09±0.151	2.15	277	48.73±0.139	2.32	1.36±0.205	7
9	238	51.64±0.160	2.47	257	50.61±0.161	2.59	1.03±0.227	5
10	227	53.65±0.159	2.40	255	52.55±0.143	2.29	1.10±0.214	5
11	161	55.46±0.212	2.69	239	54.16±0.167	2.58	1.30±0.270	5
12	86	57.98±0.377	3.49	179	55.70±0.210	2.81	2.28±0.432	5
13	111	59.95±0.297	3.13	191	58.00±0.210	2.90	1.95±0.364	5
14	43	60.97±0.594	3.90	64	60.32±0.395	3.16	0.65±0.713	1

WEIGHT—BOYS (in pounds) GOOD SCHOOLS AND POOR SCHOOLS.

Age	No. of boys	GOOD SCHOOLS		No. of boys	POOR SCHOOLS		Difference ± S.E. Good-Poor	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	18	45.07±0.980	4.16	25	43.56±0.677	3.38	1.51±1.191	1
6	158	46.56±0.399	5.01	232	45.00±0.325	4.95	1.56±0.515	3
7	162	51.96±0.468	5.96	246	49.79±0.326	5.11	2.17±0.570	4
8	202	58.64±0.542	7.70	277	55.20±0.428	7.13	3.44±0.691	5
9	238	62.79±0.565	8.72	257	60.73±0.517	8.29	2.06±0.766	3
10	227	68.96±0.583	8.78	255	66.43±0.569	9.08	2.53±0.815	3
11	161	75.68±1.029	13.05	239	70.82±0.611	9.45	4.86±1.197	4
12	86	85.60±1.668	15.47	179	78.05±0.943	12.61	7.55±1.916	4
13	111	93.33±1.607	16.93	191	86.45±1.077	14.89	6.88±1.935	4
14	43	103.21±3.261	21.38	64	96.49±1.765	14.12	6.72±3.708	2

HEIGHT—GIRLS (in inches) GOOD SCHOOLS AND POOR SCHOOLS.

Age	No. of girls	GOOD SCHOOLS		No. of girls	POOR SCHOOLS		Difference ± S.E. Good-Poor	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	29	43.28±0.450	2.42	31	42.84±0.309	1.72	0.44±0.546	1
6	126	45.36±0.176	1.97	240	44.32±0.134	2.07	1.04±0.221	5
7	162	47.37±0.164	2.08	225	46.43±0.126	1.88	0.94±0.207	5
8	209	49.96±0.153	2.21	271	48.45±0.133	2.19	1.51±0.203	7
9	215	51.49±0.153	2.25	257	50.52±0.146	2.35	0.97±0.211	5
10	195	53.64±0.202	2.82	276	52.36±0.146	2.43	1.28±0.249	5
11	155	55.52±0.231	2.88	222	54.52±0.180	2.69	1.00±0.293	3
12	71	58.51±0.304	2.56	206	56.67±0.196	2.82	1.84±0.362	5
13	98	60.33±0.274	2.71	207	58.64±0.186	2.68	1.69±0.331	5
14	42	61.76±0.374	2.42	56	60.07±0.311	2.33	1.69±0.486	3

WEIGHT—GIRLS (in pounds) GOOD SCHOOLS AND POOR SCHOOLS.

Age	No. of girls	GOOD SCHOOLS		No. of girls	POOR SCHOOLS		Difference ± S.E. Good-Poor	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	29	41.13±0.917	4.94	31	40.75±1.042	5.80	0.38±1.388	0
6	126	46.16±0.499	5.60	240	44.11±0.359	5.56	2.05±0.615	3
7	162	50.67±0.497	6.33	225	47.65±0.366	5.49	3.02±0.617	5
8	209	56.96±0.523	7.56	271	53.07±0.408	6.72	3.89±0.663	6
9	215	62.06±0.655	9.60	257	59.07±0.598	9.59	2.99±0.887	3
10	195	68.90±0.783	10.93	276	64.75±0.572	9.50	4.15±0.970	4
11	155	74.20±1.085	13.51	222	72.08±0.840	12.51	2.12±1.372	2
12	71	88.15±2.024	17.05	206	80.63±0.937	13.45	7.52±2.230	3
13	98	99.01±1.710	16.93	207	90.78±1.147	16.50	8.23±2.059	4
14	42	106.14±2.393	15.51	56	100.78±2.175	16.28	5.36±3.234	2

S.E. = Standard error
S.D. = Standard deviation

PRIMARY AND SECONDARY SCHOOLS (other than Grammar Schools).

HEIGHT—BOYS (in inches) MEDIUM SCHOOLS AND POOR SCHOOLS.

Age	No. of boys	MEDIUM SCHOOLS		No. of boys	POOR SCHOOLS		Difference ± S.E. Medium-Poor	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	39	43·18±0·298	1·86	25	43·37±0·320	1·60	-0·19±0·437	0
6	242	44·82±0·129	2·00	232	44·44±0·138	2·10	0·38±0·189	2
7	305	47·22±0·123	2·14	246	46·57±0·123	1·92	0·65±0·174	4
8	258	49·27±0·145	2·33	277	48·73±0·139	2·32	0·54±0·201	3
9	290	51·37±0·132	2·25	257	50·61±0·161	2·59	0·76±0·208	4
10	328	53·27±0·135	2·45	255	52·55±0·143	2·29	0·72±0·197	4
11	254	54·66±0·160	2·55	239	54·16±0·167	2·58	0·50±0·231	2
12	260	56·32±0·170	2·74	179	55·70±0·210	2·81	0·62±0·270	2
13	277	59·15±0·188	3·12	191	58·00±0·210	2·90	1·15±0·282	4
14	53	60·02±0·446	3·24	64	60·32±0·395	3·16	-0·30±0·596	-1

WEIGHT—BOYS (in pounds) MEDIUM SCHOOLS AND POOR SCHOOLS.

Age	No. of boys	MEDIUM SCHOOLS		No. of boys	POOR SCHOOLS		Difference ± S.E. Medium-Poor	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	39	42·62±0·655	4·09	25	43·56±0·677	3·38	-0·94±0·942	-1
6	242	45·36±0·354	5·51	232	45·00±0·325	4·95	0·36±0·481	1
7	305	51·02±0·343	5·99	246	49·79±0·326	5·11	1·23±0·473	3
8	258	56·13±0·430	6·90	277	55·20±0·428	7·13	0·93±0·607	2
9	290	62·58±0·514	8·75	257	60·73±0·517	8·29	1·85±0·729	3
10	328	67·38±0·508	9·20	255	66·43±0·569	9·08	0·95±0·763	1
11	254	73·00±0·657	10·47	239	70·82±0·611	9·45	2·18±0·897	2
12	260	79·64±0·793	12·78	179	78·05±0·943	12·61	1·59±1·232	1
13	277	90·04±0·877	14·60	191	86·45±1·077	14·89	3·59±1·389	3
14	53	93·51±2·090	15·22	64	96·49±1·765	14·12	-2·98±2·736	-1

HEIGHT—GIRLS (in inches) MEDIUM SCHOOLS AND POOR SCHOOLS.

Age	No. of girls	MEDIUM SCHOOLS		No. of girls	POOR SCHOOLS		Difference ± S.E. Medium-Poor	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	45	42·72±0·247	1·66	31	42·84±0·309	1·72	-0·12±0·396	0
6	215	44·64±0·141	2·07	240	44·32±0·134	2·07	0·32±0·195	2
7	272	46·66±0·130	2·15	225	46·43±0·126	1·88	0·23±0·181	1
8	302	48·95±0·122	2·12	271	48·45±0·133	2·19	0·50±0·180	3
9	255	50·71±0·157	2·50	257	50·52±0·146	2·35	0·19±0·214	1
10	279	53·00±0·143	2·39	276	52·36±0·146	2·43	0·64±0·204	3
11	239	54·93±0·173	2·67	222	54·52±0·180	2·69	0·41±0·250	2
12	228	57·51±0·193	2·92	206	56·67±0·196	2·82	0·84±0·275	3
13	248	59·40±0·177	2·80	207	58·64±0·186	2·68	0·76±0·257	3
14	52	60·02±0·322	2·32	56	60·07±0·311	2·33	-0·05±0·448	0

WEIGHT—GIRLS (in pounds) MEDIUM SCHOOLS AND POOR SCHOOLS.

Age	No. of girls	MEDIUM SCHOOLS		No. of girls	POOR SCHOOLS		Difference ± S.E. Medium-Poor	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
5	45	41·15±0·704	4·72	31	40·75±1·042	5·80	0·40±1·258	0
6	215	44·37±0·404	5·92	240	44·11±0·359	5·56	0·26±0·540	0
7	272	48·66±0·380	6·27	225	47·65±0·366	5·49	1·01±0·528	2
8	302	54·25±0·450	7·81	271	53·07±0·408	6·72	1·18±0·607	2
9	255	59·61±0·618	9·86	257	59·07±0·598	9·59	0·54±0·860	1
10	279	66·08±0·648	10·82	276	64·75±0·572	9·50	1·33±0·864	2
11	239	73·35±0·798	12·34	222	72·08±0·840	12·51	1·27±1·159	1
12	228	83·50±1·038	15·67	206	80·63±0·937	13·45	2·87±1·398	2
13	248	93·31±1·019	16·04	207	90·78±1·147	16·50	2·53±1·534	2
14	52	94·84±1·955	14·10	56	100·78±2·175	16·28	-5·94±2·924	-2

S.E. = Standard error
S.D. = Standard deviation

The criterion of statistical significance adopted in these analyses is that any difference to be real—i.e., unlikely to have occurred from the play of chance—must exceed twice its standard error. This value is shown in the column head “Ratio.”

SCHOOL MEALS

A full description of the arrangements for school meals has been given in previous reports. The dietetic principles remain of foremost importance and need no emphasis in view of the full discussion in preceding reports.

The following statistics for the year are indicative of the continued high proportion of children partaking of school meals.

Particulars of the average number of meals supplied daily in respect of each calendar month from January to December 1947 :—

1947	Primary and Secondary Schools		Grammar Schools		Totals
	Free	Paid	Free	Paid	
January* ..	5,104	25,743	137	5,386	36,370
February* ..	4,504	22,175	122	5,017	31,819
March	4,974	26,477	128	5,739	37,318
April	5,385	26,313	147	5,561	37,406
May	5,382	27,992	142	5,318	38,834
June	5,342	27,952	144	5,405	38,843
July	5,276	28,000	134	5,727	39,137
August† ..	—	—	—	—	—
September ..	3,248	30,694	114	5,985	40,041
October ..	3,168	31,062	118	6,068	40,416
November ..	3,316	32,327	129	6,101	41,873
December ..	3,444	32,382	135	6,161	42,122

* Attendances low through bad weather.

† All schools closed during August, except for holiday meals.

	1945	1946	1947
Number of dinners supplied on payment ...	5,120,560	5,752,761	6,552,164
Number of dinners supplied free	1,096,871	1,176,008	887,248

The number of children on free meals in December of the following years is also given for comparison :—

1941	1942	1943	1944	1945	1946	1947
1,061	3,100	4,200	5,064	5,712	5,968	3,842

MEALS DURING SCHOOL HOLIDAYS

Meals are supplied during all holidays, but as the numbers who indicate their desire to attend are comparatively small, certain kitchens only in suitable centres remain open.

The holiday figures for 1947 are shown below :—

Holiday Period	Percentage of usual demand	Average daily attendance
Easter	6·8%	2,889 (1,743 free)
Whitsuntide ..	4·7%	2,091 (1,398 free)
Midsummer ..	7·4%	3,134 (1,742 free)
Christmas	5·2%	2,450 (998 free)

PROVISION OF MILK

The high percentage of children partaking of milk has been well maintained. It is a pleasure to acknowledge the help and encouragement given by teachers who work hard to make the scheme effective.

The following information gives the number of bottles of milk, free of charge to all children requiring it, supplied daily to school children each month for 1947. The supply at present is limited to one-third-pint bottle per day for each child.

1947	Primary and Secondary Schools	Grammar Schools	Totals
January*	55,052	3,736	58,788
February*	20,695	1,536	22,231
March	50,801	3,696	54,497
April	52,504	3,721	56,225
May	55,414	3,858	59,272
June	55,536	3,936	59,472
July	55,756	3,942	59,698
August†	—	—	—
September‡	21,073	1,689	22,762
October**	46,529	2,941	49,470
November.. .. .	57,077	3,585	60,662
December	56,831	3,633	60,464

* Daily deliveries to schools below average through weather conditions.

† All schools closed during August.

‡ Irregular supplies of milk. No deliveries on a number of days in the month. Part delivery on other days.

** On six school days beverage milk was not supplied by either contractor.

The number of children receiving milk on one day during the week commencing 13th October, 1947, in all schools except special schools was 59,171. The average attendance in such schools was 62,360 so that 95 per cent. of the children received milk on that day.

During the year ended 31st December, 1947, 9,493,800 one-third pints of beverage milk, representing 395,575 gallons, were supplied to pupils in Sheffield Schools.

All milk supplied to the schools is pasteurized.

The following extract from the Ministry of Education Statistical Return of meals and milk for a day in October, 1947, is also of sufficient interest to be placed on record.

Sheffield	PRIMARY SCHOOLS		SECONDARY SCHOOLS	
	Percentage of those present who received—		Percentage of those present who received—	
	Milk	Dinners	Milk	Dinners
	97·6	55·3	86·1	76·4

CLEANLINESS

The figures obtained from inspections at the routine examinations, following due notice to the parents, are given below, and show generally some slight deterioration on last year's figures. The subject is also dealt with on page 60 in the section dealing with the work of the nursing staff. This relates to findings during the unannounced cleanliness surveys, and curiously enough, the figures in this case are an improvement over the comparable figures for last year.

The seriousness, however, of the prevalence of this condition is fully recognised and unremitting attention is given to this aspect of personal hygiene. The methods employed have been fully described in previous reports.

CLEANLINESS OF HEAD

			CLEAN per cent.	NITS per cent.	LICE per cent.
Boys ..	1936 ..		98.44	1.55	0.008
	1946 ..		96.66	3.21	0.13
	1947 ..		94.61	5.02	0.37
Girls ..	1936 ..		85.24	14.74	0.02
	1946 ..		82.57	16.81	0.62
	1947 ..		84.58	13.58	1.84

CLEANLINESS OF BODY

			CLEAN per cent.	DIRTY per cent.	BODY LICE per cent.
Boys ..	1936 ..		99.9	0.10	—
	1946 ..		99.57	0.43	—
	1947 ..		99.02	0.92	0.06
Girls ..	1936 ..		99.89	0.11	—
	1946 ..		99.74	0.24	0.02
	1947 ..		99.42	0.55	0.03

BATHS AND CLEANSING

The shower baths at Maltby Street and Whitby Road Schools have served the children from the schools in the neighbourhood. The children at Wincobank School continue to use the shower baths at Wincobank Bath.

HYGIENE OF SCHOOL BUILDINGS

At the close of the routine medical inspection the school medical officers make a rapid examination of the hygienic condition of the schools. Any structural defects are reported and any environmental problems such as the position of desks in relation to lighting are discussed with the teachers.

During the year the following additions, and alterations and improvements to buildings were effected.

WORK COMPLETED

Abbeydale Grammar School ..	Stage 2 of rehabilitation after war damage.
Ash House School	Provision of new portion of water course.
Hurlfield Grammar School ..	Hutments for additional classrooms, kitchen-dining-room and sanitary block
Highfield Special School ..	Adaptation of former kitchen into meals kitchen.

WORK IN PROGRESS

Abbeydale County School ..	Rehabilitation after war damage.
Abbeydale Grammar School ..	Stage 3 of rehabilitation after war damage.
Burngreave County School ..	Rehabilitation after war damage.
City Grammar School	Replacement of old hot-air heating system by electrical heating.
Marlcliffe Secondary School ..	Extension to kitchen.
Wadsley Bridge Special School	Provision of practical room and kitchen and conversion of existing hut to a dining room.

HUTS FOR KITCHEN-DINING-ROOMS FOR SCHOOL MEALS.**COMPLETED—**

Beck Road County School.
 Hucklow Road County School.
 Hatfield House Lane Secondary School.
 Hatfield House Lane Junior and Infants' School.
 Wincobank County School.

IN PROGRESS—

Heeley Bank County School.
 Meynell Road County School.

HUTS FOR RAISING OF SCHOOL LEAVING AGE

COMPLETED—

Gleadless County School.
 Greenhill County School.
 Heeley Bank County School.
 Handsworth County School.
 Hillsborough R.C. School.
 Hunters' Bar County School.
 Meynell Road County School.
 Nether Green County School.
 Parson Cross School.
 Walkley County School.
 Wybourn County School.

IN PROGRESS—

Bents Green Special School.
 Crookesmoor County School.
 Hatfield House Lane County School.
 Hillsborough County School.
 Hillfoot County School.
 Newhall County School.
 Shirecliffe County School.
 Southey Green County School.
 Sharrow Lane County School.
 St. Theresa's R.C. School.
 Wisewood County School.

INSPECTION CLINICS

The Inspection Clinics are a very important section of the Service and the parents and children have continued to avail themselves of the facilities at these clinics. During the year 16,040 children were seen compared with 16,585 in 1946.

The purpose and function of the Inspection Clinics have been fully described in previous reports and the accompanying tables record the nature of the consultations during the year.

INSPECTION CLINICS.

Condition	Atter-cliffe	Pits-moor	Hills-borough	Heeley	Central (E)	Central (F)	Hands-worth
Malnutrition	17	48	1	5	1	2	—
Eye—							
Defective vision	150	149	143	184	142	153	59
Squint	15	52	25	16	17	4	7
Other conditions	10	38	3	1	6	5	1
Ear—							
Defective hearing	18	33	22	43	22	15	9
Other ear diseases	—	19	3	2	3	6	—
Nose and throat—							
Chronic tonsillitis	64	66	14	40	68	29	8
Adenoids	4	3	24	1	3	5	—
Chronic tonsillitis and adenoids	17	17	14	2	28	9	3
Other conditions	399	505	273	130	69	87	34
Cervical glands	81	75	20	39	14	16	10
Defective speech	4	14	8	6	6	5	5
Teeth	21	23	5	2	12	8	7
Heart and circulation—							
Heart disease	15	17	3	9	6	2	1
Anæmia	8	17	1	10	2	3	—
Rheumatism	56	27	23	38	37	22	11
Debility	216	133	161	96	184	140	65
Lungs	153	70	180	118	103	86	48
Tuberculosis—							
Pulmonary—							
Definite	2	—	10	1	2	1	—
Suspected	1	—	2	3	2	—	—
Non-Pulmonary—							
Glands	1	2	3	—	3	2	5
Bones and joints	3	3	6	3	7	5	1
Skin	—	—	—	—	—	—	—
Other forms	—	1	—	—	—	—	—
Nervous system—							
Epilepsy	8	4	1	6	2	6	1
Chorea	1	3	4	—	13	4	1
Other conditions	24	17	50	64	21	9	5
Orthopædic—							
Posture	—	1	—	—	—	—	—
Flat Foot	3	9	—	11	5	2	2
Other	57	65	30	163	79	71	23
Developmental—							
Hernia	7	5	—	1	1	1	—
Other	—	—	—	1	—	—	—
Psychological—							
Development	3	6	3	2	8	15	—
Stability	5	—	—	—	3	11	1
Infectious diseases	79	36	27	12	9	16	11
Post diphtheria	11	6	6	2	8	4	1
Diphtheria contacts	10	11	21	5	11	3	—
Post scarlet fever	33	33	49	45	47	14	16
Other defects and diseases	839	387	136	162	224	81	60
No appreciable defect ..	127	119	104	115	113	25	40
Cases	2,462	2,014	1,375	1,338	1,281	867	435
Examinations	6,233	3,697	3,519	3,124	1,930	2,237	829

Vood-house	Shire-green	Manor	Wise-wood	Southey Green	Wy-bourn	Special Cases	Total	Condition
—	5	—	30	6	—	—	115	Malnutrition
14	76	87	38	33	27	10	1,265	Eye—
3	16	12	10	9	7	—	193	Defective vision
—	—	—	1	—	—	—	65	Squint
—	—	—	—	—	—	—	—	Other conditions
2	19	30	7	8	2	3	233	Ear—
6	—	—	1	—	—	1	41	Defective hearing
—	—	—	—	—	—	—	—	Other ear diseases
15	12	33	8	5	34	4	400	Nose and throat—
—	7	6	7	—	—	1	61	Chronic tonsillitis
—	—	—	—	—	—	—	—	Adenoids
3	13	87	9	6	—	—	208	Chronic tonsillitis and adenoids
39	255	202	44	59	481	23	2,600	Other conditions
11	12	61	23	4	27	4	397	Cervical glands
—	3	5	4	1	2	2	65	Defective speech
—	18	44	4	13	16	3	176	Teeth
1	31	8	3	17	—	3	116	Heart and circulation
2	4	2	2	1	2	1	55	Heart disease
5	23	15	14	7	29	4	311	Anæmia
83	81	182	15	28	86	8	1,478	Rheumatism
23	205	170	61	64	54	9	1,344	Debility
—	—	—	—	—	—	—	—	Lungs
—	1	—	3	—	1	—	21	Tuberculosis—
—	3	1	2	—	—	—	14	Pulmonary—
1	2	4	—	—	1	2	26	Definite
—	8	3	2	—	—	3	44	Suspected
—	1	—	—	—	—	—	1	Non-Pulmonary—
—	—	—	—	—	—	—	1	Glands
1	4	8	3	4	2	6	56	Bones and joints
—	5	1	—	2	2	—	36	Skin
6	80	52	11	15	—	2	356	Other forms
—	3	1	—	—	—	—	5	Nervous system—
2	4	8	—	2	1	—	49	Epilepsy
9	46	146	23	13	5	11	741	Chorea
—	2	5	—	—	—	1	23	Other conditions
—	—	—	—	—	—	—	1	Orthopædic—
1	4	2	—	1	3	28	76	Posture
—	1	3	—	—	—	—	24	Flat Foot
4	31	66	23	3	14	2	333	Other
—	7	8	—	4	1	1	59	Developmental—
1	20	11	9	6	3	6	117	Hernia
1	17	35	13	6	6	—	315	Other
35	478	617	81	112	196	63	3,471	Psychological—
34	136	17	53	33	212	—	1,128	Development
—	—	—	—	—	—	—	—	Stability
—	—	—	—	—	—	—	—	Infectious diseases
—	—	—	—	—	—	—	—	Post diphtheria
—	—	—	—	—	—	—	—	Diphtheria contacts
—	—	—	—	—	—	—	—	Post scarlet fever
—	—	—	—	—	—	—	—	Other defects and diseases
—	—	—	—	—	—	—	—	No appreciable defect
302	1,633	1,932	504	462	1,214	201	16,020	Cases
561	3,694	4,078	1,401	1,092	2,761	426	35,582	Examinations

MINOR AILMENTS AND DISEASES OF THE SKIN

Treatment is given for a variety of minor ailments at the various clinics as is shown in the accompanying table. There has been a welcome decrease in the number of cases treated during this year compared with 23,037 children seen during 1946. Certain conditions call for special comment.

SCABIES

The number of cases discovered during the year—641—showed a marked decrease over the preceding year when 1,284 cases were seen. The reason for the rise of the incidence of scabies prior to the war reaching its maximum in 1942 and declining since, remains inexplicable. Similar waves have been noted previously and it is to be hoped that the decrease will continue.

RINGWORM OF THE SCALP

There was a welcome decrease in the number of cases discovered during the year—13—as compared with 22 in 1946. Dr. H. R. Vickers treated seven cases with x rays in accordance with the Committee's arrangements. There were two cases under treatment at the end of the year.

DISEASES OF THE SKIN

The decrease in the number of children found with some disease of the skin, which was first noted two years ago, is shown in a marked degree during the year under review.

This does not include cases of impetigo but it is pleasing to note that there has been a marked decrease of this condition again during the year—573 cases compared with 762 cases in 1946, 1,576 cases in 1945 and slightly more during the previous years.

MINOR AILMENT CLINIC

Condition	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Handsworth	Woodhouse	Shiregreen	Manor	Wise-wood	Southey Green	Wybourn	Special Cases	Total
Eye—															
Blepharitis ..	26	66	93	27	29	27	11	8	27	76	15	1	11	—	417
Conjunctivitis ..	91	129	81	74	56	60	12	6	57	93	52	8	10	3	732
Corneal opacities ..	—	—	—	1	1	—	—	—	—	5	—	—	1	—	8
Other conditions ..	76	140	97	92	26	30	7	4	109	13	34	12	10	—	650
Ear—															
Discharging ears ..	110	123	74	60	41	32	24	17	75	61	20	15	55	20	727
Otitis media ..	20	22	—	—	1	4	—	—	14	4	—	3	1	—	69
Other diseases ..	143	154	102	114	54	55	25	9	114	74	16	8	13	4	885
Skin—															
Ringworm—Scalp	—	4	—	—	—	1	1	—	—	6	1	—	—	—	13
Body	7	6	—	4	5	3	—	2	11	14	6	2	1	—	61
Scabies ..	98	102	66	27	63	34	25	9	69	85	8	17	14	24	641
Impetigo ..	68	204	123	3	17	15	1	2	44	35	34	4	2	21	573
Sore head ..	81	220	87	6	46	18	11	—	13	40	4	6	11	12	555
Other skin diseases ..	402	442	295	458	215	131	70	34	254	315	79	25	27	15	2,762
Miscellaneous—															
(e.g., Minor injuries, bruises, sores, chilblains, etc.) ..	1,506	925	540	905	1,054	549	287	133	1,291	1,999	501	92	511	102	10,395
No appreciable defect ..	34	10	32	27	10	5	16	6	26	4	3	4	39	2	218
Cases ..	2,662	2,547	1,590	1,798	1,618	964	490	230	2,104	2,824	773	197	706	203	18,706
Examinations ..	5,094	3,710	2,638	2,934	2,227	2,248	839	584	3,536	4,919	1,009	321	1,418	341	31,818

EYE DEFECTS

The number of children found to have defective vision at the routine examinations is set out in the table below :—

				Number examined.		Normal vision. per cent		Defective vision. per cent
<i>Entrants.</i>								
Boys	..	..	..	3,285 out of 3,288	..	97·08	..	2·92
Girls	..	..	..	3,063 out of 3,067	..	96·63	..	3·37
<i>Intermediates.</i>								
Boys	..	..	..	2,351	..	91·49	..	8·51
Girls	..	..	..	2,323	..	88·46	..	11·54
<i>Seniors or Leavers.</i>								
Boys	..	..	..	1,571	..	89·50	..	10·50
Girls	..	..	..	1,349	..	84·43	..	15·57

In addition the school nursing sisters test the visual acuity in certain other age groups. They referred 513 children to the medical officers at the clinics and of these 370 were found to require examination by the ophthalmologist, and 143 were kept under observation.

OPHTHALMIC TREATMENT

Reference to the resignations of the part-time ophthalmologists and to the appointment of Mr. Malcolm Ferguson as the full-time ophthalmologist on the staff of the School Health Service has been made earlier in this report. The total number of cases dealt with in 1947 was 5,002. Of these 1,218 were new cases and the total number of examinations was 9,026. The figures relating to the provision of spectacles are given below :—

Spectacles—

Number of pairs of spectacles prescribed in the school clinics	..	2,044
Number obtained through the school clinics and passed by the ophthalmologist.	.. .. .	1,720

In accordance with the new policy, 1,967 spectacles of standard frames—steel or shell covered—together with 559 repairs to spectacles, have been supplied free of charge, where the parents so desire.

An analysis of the defects found on examination follows :—

	Cases						Attendances	
Hypermetropia	345	..	640					
Myopia	497	..	900					
„ High	15	..	27					
Astigmatism, Hypermetropic	1,864	..	3,392					
„ Myopic	227	..	442					
„ Mixed	336	..	683					
Anisometropia	114	..	205					
Migraine	1	..	1					
Exophthalmos	1	..	2					
Midriasis	1	..	1					
Congenital—								
Megalo cornea	1	..	2					
Nystagmus congenital	10	..	17					
Optic atrophy	3	..	3					
Ptosis	3	..	6					
Epiphora	1	..	1					
Amblyopia	44	..	83					
Paralysis of external rectus	3	..	3					
Detached retina	4	..	6					
Epicanthus	15	..	20					
Photophobia	2	..	5					
Paralysis of third cranial nerve	1	..	1					
Right hole at macula	1	..	1					
Ophthalmoplegia	1	..	1					
Lamellar cataract	2	..	5					
Microphthalmia	2	..	4					
Muscular paresis	1	..	2					
Remains of hyaloid artery	1	..	1					
Retinitis pigmentosa	2	..	4					
Subluxation of lenses	1	..	2					
Anisocoria	1	..	3					
Anterior capsular cataract	3	..	9					
Left coloboma of iris choroid	1	..	1					
Guttate choroiditis	1	..	2					
Macular coloboma (left)	1	..	1					
Bilateral optic atrophy	1	..	1					
Macular choroiditis	1	..	2					
Pseudo glioma	1	..	1					
Retinal fold (left)	1	..	1					
Cataract	7	..	15					
Dyslexia	1	..	2					
Inflammatory—								
Blepharitis	12	..	27					
Conjunctivitis acute catarrhal	32	..	78					
„ phlyctenular	3	..	6					
Keratitis	5	..	11					
Cornea phlyctenular ulcer	5	..	13					
Chalazion	2	..	3					
Dacryocystitis	1	..	1					
Hordeolum	2	..	3					
Iritis	1	..	1					
Nebulae	12	..	20					
Meibomian cyst	5	..	8					
Dermatitis lids	1	..	1					
Pustular blepharitis	1	..	2					
Leucoma	2	..	3					
Phthisis bulbi (left)	1	..	2					
Old perforating injury left eye	1	..	1					
Enucleation right eye	2	..	3					

Injuries—						Cases	Attendances
Foreign body eye	..	..	..	..	..	6	6
Injury to eye	..	..	..	..	..	1	1
Corneal abrasion	..	..	..	..	..	3	6
Contusion lids	..	..	..	..	..	2	3
Hyphaema	..	..	..	..	..	1	1
Right vitreous hæmorrhage		..	..	..	..	1	1
Squint—							
Strabismus, convergent (right)	..			..	..	303	587
„ „ (left)	..			..	..	367	664
„ alternating convergent				..	..	89	194
„ „ divergent	..			..	..	8	14
„ divergent (right)	..			..	..	9	23
„ „ (left)	..			..	..	5	10
Cyclophoria	..	..	..	..	..	5	10
Exophoria	..	..	..	..	..	5	10
Convergence insufficiency	..	..	..	..	..	2	2
Diplopia	..	..	..	..	..	1	1
Heterophoria	..	..	..	..	..	1	3
Not yet diagnosed	..	..	..	..	..	252	367
No defect	..	..	..	..	..	335	442
						<u>5,002</u>	<u>9,026</u>

Mr. Malcolm Ferguson, the Ophthalmologist, contributes the following :—

“ The bulk of the work of the department is in the examination and treatment of defective vision due to refractive errors, the provision of spectacles and the examination of the children at stated times. But within the scope of the department comes the treatment of squints both latent and manifest ; the detection of children who are partially sighted, and those who are blind with arrangements for suitable education for them ; and the treatment of eye diseases.

All surgery and major diseases must be referred to hospital where adequate facilities exist for further investigation and treatment.

The defect should be discovered early as at this stage there is a better chance of a cure or of alleviation.

Difficulty is often found in persuading parents that good vision in both eyes is the ideal. Quite apart from the fact that children may be failed in a medical examination, in early life defective vision may lead to squint, and to worry and anxiety in later life, and precludes adequate perception of depth.

The lack of an orthoptist has been keenly felt. Her duties have been concerned mainly with the squinting child ; training the squinting eye to see, then to use it, and finally to use this eye in conjunction with the other. Should the squint require operation the pre-operative and post-operative treatment is of great importance. Patching of the affected eye, and testing the vision of children who are too young to read, or illiterate, are now carried out by the school nursing sister working in the department.

The ophthalmic examinations fell into arrears during 1947, but at present are in a more satisfactory state.”

ORTHOPTIC TREATMENT

A full description of the work in this department in the training of the squinting child has been given in previous reports.

The relevant figures for the orthoptic department during the first three months of 1947 when Miss Priest, the Orthoptist, resigned, are given :—

Total number of attendances	..	..	..	..	..	..	485
Number of patients brought forward from 1946	..	..	..	..	..	..	142
* ,, new patients referred for treatment	..	..	..	..	..	..	50
,, new patients taken on for treatment	..	..	..	..	..	..	39
,, patients attending twice weekly for instrumental treatment	..	..	..	..	..	..	22
Number of patients under monthly supervision :—							
1. Number with occlusion of eye	..	..	..	..	..	..	148
2. ,, on waiting list	..	..	..	..	..	..	67
3. ,, too young for systematic treatment	..	..	..	..	..	..	2
						—	217
Number of patients discharged :—							
1. Cured	..	..	..	..	..	..	2
2. Cosmetic cures	..	..	..	..	..	..	3
3. Improved	..	..	..	..	..	..	5
4. Unsuitable after trial	..	..	..	..	..	..	3
						—	13

* 11 of these cases were orthophoric (no squint).

All attempts to fill the vacancies have failed but the School Nursing Sister working in the ophthalmic department has undertaken occlusions and special tests. The number of attendances for these purposes is 397.

EAR, NOSE AND THROAT DEFECTS

The percentage of children referred for treatment of unhealthy tonsils and adenoids, at the routine medical examinations was 2·9. This figure would appear to be in accordance with the modern conservative outlook.

The Committee do not make any direct provision for the operative treatment of these conditions, but specialists at the hospitals operate on a number of those examined by them at the Ear, Nose and Throat Clinic.

The number of operations during the year for tonsils and adenoids was necessarily restricted on account of the outbreak of poliomyelitis.

The number of operations for the year for tonsils and adenoids is 427 compared with 526 in 1946.

EAR, NOSE AND THROAT CLINIC

Mr. Cobb holds a weekly session for the examination of ear, nose and throat defects. The total number of patients seen during the year was 366 and of these 278 were new cases. The children made 445 attendances at this clinic.

The following table gives an analysis of the reasons for attendance :—

Deafness	51
Discharging ears	29
Otitis media	2
Tonsils and adenoids	249
Tonsils	1
Adenoids	3
Rhinitis	3
Deflected septum	3
Cleft palate	1
Other conditions	22
No appreciable defect	2

AUDIOMETRIC TESTING

The systematic testing of hearing was resumed during the year.

The number of children tested by the 4 —AE gramophone audiometer and the results obtained were as follows :—

Number tested.	Deaf—2nd Test.
1,690	34

All children tested who are found to have more than 9 units loss on the first test are re-tested to eliminate such factors as novelty, lapse of concentration and nervousness.

Of the children tested the following analysis is made :—

Group A (3—6 decibels)	1,477 Normal
Group B (9—18 „)	208 Slightly deaf
Group C (21—30 „)	5 Partially deaf
	<u>1,690</u>

A further analysis is made according to the number of ears tested :—

Group A (3—6 decibels)	2,621 Normal ears
Group B (9—18 „)	734 Slightly deaf ears
Group C (21—30 „)	25 Partially deaf ears
	<u>3,380</u>

Of the children with defective hearing in both ears, the following analysis is made :—

Group B	8
Group C	6

Special letters were sent to 33 parents, indicating that the test showed the child to have defective hearing. In addition, one child was already attending hospital for treatment. The parents are advised to consult either their own doctor without delay or the medical officers at the branch clinics. In five cases the parents proved unco-operative and of the remainder two attended their own practitioners whilst ten attended the Inspection Clinics.

In addition sixteen were referred for an individual test by means of the pure-tone audiometer. At the end of the year seven of these had been tested and three children were found to have satisfactory hearing. The other four were found to have various defects.

The conditions found in those examined were :—

Eustachian deafness	..	..	..	..	..	..	3
Adenoids	..	..	..	..	..	..	2
Otorrhoea	..	..	..	..	..	..	3
Cerumen	..	..	..	..	..	..	5
For further investigation	..	..	..	..	..	..	1

The hearing of 74 children was tested individually by means of the pure-tone audiometer.

The children were referred as follows :—

School Medical Officers	..	..	..	..	..	54
Aural Surgeon	..	..	..	..	..	4
Speech Therapist	..	..	..	..	..	4
Psychiatrist	..	..	..	..	..	4
After gramophone audiometer test	..	..	..	..	..	7

Full information is obtained from these various sources and following the careful hearing test it is possible to decide on the kind of help the child requires.

SPEECH THERAPY

The Committee appointed Miss B. Worrall to the position of assistant speech therapist. This appointment had been authorised in 1945 but could not be made until October 1946, owing to the lack of suitable candidates. The effect of this addition to the staff is shown in the welcome diminution of the number of children awaiting interview at the Speech Therapy Clinic—20 at the end of 1947 compared with 56 the previous year.

Treatment continues to be given at the Newbould Lane Centre.

An analysis of the work carried out during the year is shown below :—

A. Number of cases closed during 1947	..	..	..	..	98
B. Number of " open " cases carried forward into 1948	..	..	..	..	136
					<u>234</u>
Number on waiting list at end of 1947	..	..	..	..	20

A. CLOSED CASES DURING 1947.

STAMMERERS.

Improved—

(a) Following treatment 31

(b) No treatment—parents reported improvement .. 1

Treatment incomplete—

(a) Left district prior to completion of treatment .. 1

(b) Some appointments kept then attendance lapsed—
no response to attempts to renew contact 3

Appointments offered but no appointments kept 3

Treatment impracticable for reasons other than the above.. 1
— 40

SPEECH DISORDERS OTHER THAN STAMMERING.

Improved—

(a) Following treatment 14

(b) Following supervision 5

(c) No treatment—improvement reported 2

Treatment incomplete—some appointments kept then
attendance lapsed—no response to attempts to renew
contact 7Upon investigation educational training other than Speech
Therapy required 4

Left district prior to completion of treatment 3

Parents refused treatment after preliminary interview or did
not keep further appointments 7

Referred for diagnosis and opinion only 4

Appointments offered but no appointments kept 4

Treatment impracticable for reasons other than the above .. 3
— 53

STAMMERING PLUS ARTICULATION DEFECT.

Improved—

(a) Following treatment 2

Treatment incomplete—some appointments kept then
attendance lapsed—no response to attempts to renew
contact 1

Appointments offered but no appointments kept 1

Treatment impracticable for reasons other than the above.. 1
— 5
— 98

B. CASES CARRIED FORWARD INTO 1948.

REGULAR TREATMENT CONTINUING.

Stammerers	..	..	..	..	..	..	..	53
Speech Disorders other than Stammering	..	..	..					49
								— 102

SUPERVISION CONTINUING.

Stammerers	..	..	..	..	..	..	..	8
Speech Disorders other than Stammering	..	..	..					14
								— 22

INVESTIGATION COMMENCED	..	..	..	..	..			12
								— 136

INTERVIEWS DURING 1947.

Treatment interviews with children	..	..	..	..				2,160
Supervision interviews with children	..	..	..	..				43
Diagnostic interviews with children	..	..	..	..				170
Interviews with parents	..	..	..	..	..	..		736
Recall interviews with children after discharge					..	..		11
Other interviews	..	..	..	..	..	..	..	140

VISITS MADE DURING 1947.

Visits to schools	..	..	..	..	..	..	..	47
Visits to homes	..	..	..	..	..	..	..	4
Other visits	..	..	..	..	..	..	..	14

CONSULTATIVE EXAMINATIONS.

Consultation with Child Guidance Clinic	..	..	..					32
„ „ Dental Hospital	..	..	..	..				1
„ „ Ear, Nose and Throat Specialist	..	..						7
„ „ Plastic Unit	..	..	..	..	..			4
Pure-tone audiometer tests	..	..	..	..	..			4

Miss Pollitt, the Senior Speech Therapist, reports as follows :—

“ It is felt that comments in regard to the reason for closing cases, as stated alongside the above figures, may be of general interest and therefore this opportunity is taken to make the following observations. Cases, where treatment has proved beneficial, have been classified as ‘ improved.’ Improvement covers those cases whose speech problem is apparently not deep-seated and who soon lose the defect altogether. It also covers those more severe cases who, in addition to the speech abnormality may have other neurotic symptoms such as bed-wetting, irritational fears, hysterical outbursts, etc. ; although in these latter cases the difficulty may continue to recur to some extent on occasion, treatment might be said to have helped many of these patients in far greater degree than in the case of those less severe cases whose speech problem entirely disappears. It is difficult to evaluate the results of treatment unless considered in relation to the individual as a whole and to his previous unsatisfactory general adjustment to life. The classification ‘ improved ’ also includes cases of organic origin, such as cleft palate who can only improve to the extent to which the organic condition will allow ; some of these cases cannot hope to gain completely normal speech. Prior to closing any case as improved, the parents and teachers give a report to this effect.

It will be noticed that some cases are closed after attendance has lapsed or after initial interviews. Close track is kept on every case and as soon as appointments are not kept, contact is made with the parents and they are encouraged to continue to attend, but, where there is indifference or a bigotted outlook against treatment, it is not profitable to keep a case open. The greatest benefit is obtained when parents are prepared to share the responsibility of seeing treatment through.

Some cases are closed after appointments have been offered but have never been kept. These cases are invariably referred to the Clinic by teachers or school medical officers and it can only be assumed that the parents of these children are not concerned about treatment. Ample opportunity is given to such parents to co-operate before the case is closed. 8 per cent. of the cases closed this year are of the latter type. 18 per cent. of the cases have been closed after some attendance but prior to the completion of treatment. These percentages are low and indicate that the great majority of parents appreciate the work done by the Clinic and are prepared to see treatment through.

The appointment of Miss Worrall as the second assistant therapist in November has helped to reduce the Clinic waiting list considerably. We are able to end the year with a waiting list of 20 cases as compared with 56 cases at the end of the previous year.”

DENTAL TREATMENT

Mr. J. Walter Shaw, the Senior School Dental Surgeon, contributes the following report :—

“ STAFF

During the year the staff of school dental surgeons was equivalent to 9+ full time officers including the Senior School Dental Surgeon who took up his duties on May 1st, 1947. Mr. A. G. Oldale, L.D.S., and Mr. J. Clarke, L.D.S., were appointed to commence duty in mid-April and the beginning of November respectively. There was one resignation during the year, Miss F. E. Birks, L.D.S., leaving at the end of November to be married.

At the end of the year there were two vacancies in the present establishment for school dental surgeons.

INSPECTION

39,391 primary and secondary school children were dentally inspected in the periodic age groups excluding special schools during the year. The figure for 1946 was higher being 42,432, but more sessions were devoted to inspections that year.

Furthermore, a true comparison cannot really be made here because from September the parents of the new school entrants were invited to attend the first dental inspection of these children in accordance with the Education Act 1944. Thirty parents were invited per session allowing, if they all kept the appointments made, about five minutes each. As the normal average number of children inspected in a session is about 130, a greater number of sessions was required to inspect all the children in a school.

The dental surgeons report that in most of the areas the parents showed a keen interest, although in some areas, as was expected, fewer availed themselves of this valuable opportunity to learn how the dental health of their children could be cared for during school life.

The average percentage attendance of parents per session was 61 per cent. the highest and lowest percentages amongst the schools inspected being 96 per cent. and 24 per cent. respectively.

It is surprising how many parents are still unaware of the fact that the teeth erupting about the age of six years in the molar regions are permanent and not replaced naturally if lost. This may explain the note sometimes received when a filling appointment has been made for these teeth, refusing treatment on the assumption that they are the first teeth.

During school inspection in recent years pupils have been referred for treatment in accordance with Board of Education Circular 1523 of 1940.

In order to have a co-ordinated policy in regard to inspection, and in view of the varying numbers of children per clinic it was decided not to discriminate at the school inspections, but to let the parents themselves indicate whether or not they wished to accept the offer of treatment. Inspecting fully in this manner should help to give the true 'load' of treatment required and also give an indication as to the number of staff required to cope efficiently—inspecting and treating thoroughly the child of every parent wishing treatment at regular intervals preferably every six months, in some cases three months but certainly not longer than twelve months.

Those children previously marked at the school inspection—'No treatment advised' owing to their record, in all probability would have been refusals but now the parents' signature on the letter sent offering treatment shows whether they are refusing or accepting treatment. Thus, if at an early date after the school inspection, a child whose parents have refused the offer of treatment has need to attend the 'casual clinic' for the alleviation of acute toothache, the parents may be interviewed and the benefits of routine treatment explained.

RECORD CARDS

The new standard Ministry of Education School Dental Record Card was introduced in September for the youngest age group. It is hoped, as suggested by the Ministry, to build up a filing system group by group over a period of time.

Regarding the new standard record card, it is felt that the space used for instructions could have been used for the parents' signature to an agreement to treatment and the instructions printed on a separate slip. In this way, the record and the agreement would always be together.

TREATMENT OF ROUTINE CASES

Letters were sent in the customary way to the parents of all children found to require treatment inviting them to accept or refuse the offer of treatment or state whether they were going to take their child to their own dentist.

Of the 39,391 children inspected, 24,280 were found to require treatment being 61 per cent. of those inspected.

Of the 24,280 letters sent out to parents as above, 15,245 returned the letters accepting treatment, i.e., 62·8 per cent. which compares with 63 per cent. for 1946.

4,166 stated they were going to their own dentist which means probably, as in the past, that most of these will not make any effort to obtain treatment unless for the relief of toothache as 'casuals' at the clinics.

1,760 refused all treatment and 3,109 letters were not returned, over 12 per cent. of the total sent and these were considered as refusals.

Up to date, no effort has been made to obtain a 100 per cent. return of all letters sent out by follow-up letters, because the Dental Officers have had more treatment to carry out for the children of those parents accepting the offer than they can complete in a twelve months period between routine inspections.

The percentage of pupils requiring treatment who received it in Sheffield was 60 per cent. compared with 56 per cent. in 1946 and 67·4 per cent. for England, excluding London, in 1945, the latest available figure.

The number of attendances made for treatment was 31,158, compared with 30,442 for the previous year. During these attendances the number of permanent teeth conserved shows a rise this year, 11,629 permanent teeth having 12,136 fillings inserted compared with 8,124 permanent teeth and 8,688 fillings last year. This appreciably increased number of permanent teeth conserved has been brought about by, apart from policy, the installation of electric engines. The electric engine being smoother running and less tiring to the operator than the foot engine, enables a dental surgeon to treat the child thoroughly with less pain and discomfort so increasing the appreciation of treatment and rendering both patient and operator more satisfied. A very efficient technique is necessary in school dentistry in order to treat children thoroughly in as few visits as possible and with the improvement in technique possible with the electric engine an operator is enabled in lots of cases to complete more treatment in the time during which a child can sit in a dental chair without tiring.

Other figures which show a tendency towards improvement are the fillings per 100 children treated, 98, an increase of 14 on last year and the ratio of permanent teeth saved to permanent teeth lost in the order of 3·7 : 1 compared with 2·2 : 1.

This ratio is really better than the figures indicate because the number of permanent teeth lost includes those removed for regulation purposes and also those extracted for casualls who had refused the offer of treatment at the routine inspection. Even so, there is no ground for complacency in a Service where one permanent tooth is lost for every four saved, when the aim and object is not only to render the mouths of the school children free from sepsis but to preserve the dentition so that children leave school with all their permanent teeth free from caries, presenting an efficient masticatory surface and an æsthetic appearance.

The number of temporary teeth filled is low but although the temporary dentition is much more important than the figures imply, it is not considered expedient at present to devote the time required to increase the number of

temporary teeth conserved by filling whilst the number of dental surgeons on the staff at present cannot inspect and treat the permanent dentition of the children of all the appreciative parents at twelve monthly intervals. In addition, it is felt that the prejudice against fillings needs to be overcome by showing that permanent teeth conserved do last, before attempting to show that teeth which nature discards naturally are worth preserving until the time for natural exfoliation.

If however a parent expresses a desire that the temporary dentition be saved this is done where it is considered possible and of benefit to the child.

Attempts are made to delay the early extraction of temporary teeth by dressings, the number of which is included in the figure of other operations.

The temporary teeth extracted are beyond conservation or in the considered opinion of the operator, would cause pain or difficulty in mastication at an early date.

X RAYS

As in previous years the radiographs required by the school dental surgeons for aiding the diagnosis of various dental conditions have been taken at the Dental Department of the Royal Hospital in accordance with the agreement made. The number of cases referred to the Hospital for *x*-ray examination was 76. Dental *x*-ray examination is required in many cases including amongst others :—

1. Buried roots.
2. Crowded mouths.
3. Fractured teeth—usually front teeth in accidents.
4. Root treatment.
5. Missing teeth to diagnose whether actually missing or impacted.
6. Supernumary teeth where these are suspected.
7. Suspected caries which cannot be discovered by using a probe.
8. Pain where the cause is not diagnosed by other means.
9. Orthodontic cases.

ORTHODONTICS

The services of a dental technician to the profession were employed during the latter part of the year to assist the school dental surgeons to provide orthodontic and other appliances for selected cases treated in the clinics.

The parents of the children benefiting from this form of treatment have been very grateful.

Below is a table of appliances, etc., fitted since the inauguration of the service.

Various orthodontic appliances.	Acrylic post crowns and tips.	Acrylic jacket crown.	One or two tooth dentures as space retainers.	Acrylic Cap splints for fractured incisors.
35	5	1	19	3

As in previous years the Dental Department of the Royal Hospital has dealt with a number of children requiring special treatment for malocclusion, and the continued help and co-operation of the staff of the Dental Department is acknowledged with gratitude. The following is a summary of the work carried out.

SUMMARY OF ORTHODONTIC TREATMENT AT THE DENTAL DEPT.
ROYAL HOSPITAL.

Number of children	147
Total attendances	1,014
Appliances fitted. Removable	157
Fixed	3
Fraenectomy	1

It is recorded with pleasure that the Committee have agreed to the appointment of a Consultant Orthodontist, making a further step towards a comprehensive dental scheme for the school children succinctly stated :

‘ A programme which includes all that is best in dentistry made available to all who need it.’

SATURDAY MORNING CONSULTATIONS

The consulting sessions on Saturday mornings arranged so that parents may bring their children for inspection and advice in addition to the routine inspection at school have been continued and appear to be much appreciated by the parents.

CLINICS

In these days of shortages including an insufficiency of numbers of dental surgeons it is essential that clinics and equipment be really efficient in order that thorough treatment may be afforded by the available staff to the maximum number of those requiring and desiring it. With this end in view and also in order to obtain extra surgeries from the existing space available—new building being impossible at present—plans were drawn up for the clinics where the numbers of children in the areas concerned justified the proposed additional surgery space desired. It is truly gratifying to record that the Committee considered the proposals favourably and agreed to them in principle.

It is unfortunate that the great call upon available building material nationally will delay the fulfilment of these plans because the surgeries are most urgently required.

In other cases where an additional surgery is essential but impossible to gain from the existing space, and where the present dental clinics are not efficiently laid out other means of obtaining the optimum will require consideration in the near future. All clinics ought to have two surgeries with a recovery room between them. In this way there is a saving as only one anæsthetic machine is required per clinic. Also emergency cases requiring an anæsthetic, such as gas and oxygen, may be treated immediately as one of the dental surgeons could act as anæsthetist. Only one recovery room, and one waiting room are required for two Dental Surgeons.

EQUIPMENT

During the year the policy of replacing obsolete with up to date efficient equipment was continued. In choosing equipment the points suggested in the Health of the School Child of 1935, with which one cannot fail to agree, were the 'yard-stick.' These points briefly are that, the safety of the child or patient must have first consideration, the patient's comfort must be the next consideration and 'everything possible, consistent with a high standard of technique must be done to eliminate pain and discomfort.'

MATERNITY AND CHILD WELFARE CASES

In addition to the treatment carried out for the school children in Sheffield, a number of pre-school children referred by the Maternity and Child Welfare Centres are treated in the school clinics by appointment. The majority of these are cases requiring the extraction of septic deciduous teeth. The number treated was 97.

JUNIOR OCCUPATION CENTRE

Eight pupils from this Centre were treated dentally during the year.

COMMENTARY

With the raising of the school-leaving age the unfortunate gap between school dental treatment and that gained under the National Insurance Scheme has been partially closed. The additional amount of dental work required to be done in this older group has not been accurately computed, but judging by the same group in the secondary school children of previous years the total amount will be considerable.

When in 1948 the school children become a priority group under the National Health Act, these children and the present pre-school children should offer a foundation for a scheme to meliorate the dental state of the country.

The foundation must be well and truly laid, by treatment as close to preventive dentistry as possible. As Northcroft so truly said 'The effect of healthy infancy and childhood on adult life cannot be over estimated' and Goethe over a hundred years ago 'Little can be accomplished for grown-up people ; the intelligent man begins with the child.'

The only way at the present time that dental caries can be treated is to remove it from the teeth, and replace it with as sound a filling as possible, preferably metal except where æsthetically contra-indicated. This caries should be removed as early as possible after its attack upon the teeth can be detected. In this way less of the natural tooth substance is destroyed, or conversely more of the structure is preserved, and the teeth are consequently stronger than if larger carious cavities had been allowed to form. Incidentally the treatment of teeth at this early stage tends to occupy less chair time per filling and is less discomforting to the patient.

This treatment also necessitates the extension of the cavities to include all fissures and pits in the enamel of the effected teeth to render the surfaces treated immune as far as mechanically possible to a recurrent attack of caries. This means no place may be left which would form a nidus for food debris and bacteria.

In mouths in which the teeth are attacked by caries early after eruption although apparently well formed, 'Prophylactic Odontomy' should be performed, i.e., preventive fillings should be inserted in those teeth free from caries, but having irregular fissures in which a finely pointed probe tends to catch. This is considered especially necessary where there is at least a twelve monthly interval between routine inspections. Only in this way may the permanent teeth be preserved in the majority throughout school life and later.

If by lack of opportunity the teeth are not inspected and treated early and regularly enough to have them preserved and they are lost, no amount of dental treatment can replace the natural dentition. Then mastication would be impaired with many possible ill effects upon the general bodily health of a number of people who would be trusting themselves to a service unable to carry out its intended function.

As mentioned earlier in this report, the shortage of Dental Surgeons must be compensated as far as possible by the provision of the most efficient equipment obtainable in efficiently laid out surgeries, and adequate chairside and clerical assistance.

The standard of oral hygiene generally is low, and the general public require to be educated to the need for regular and adequate oral toilet to prevent as far as possible the onset of caries due to the presence of food debris in stagnation areas of the mouth."

ORTHOPAEDIC AND POSTURAL DEFECTS

The orthopaedic clinics have been held regularly throughout the year. A summary and analysis of the cases seen by the Orthopaedic Surgeons is given below :—

Conditions	Seen at the Clinic	At Special Schools		Total
		Arbourthorne North	Nether Green	
Spastic paralysis	22	4	6	32
Infantile paralysis	7	1	2	10
Congenital deformities :—				
(a) Talipes	10	—	—	10
(b) Dislocation of hip ..	6	1	2	9
Scoliosis	10	—	—	10
Kyphosis	9	—	—	9
Flat foot	203	—	—	203
Genu valgum	52	—	—	52
Hydrocephalus	—	—	1	1
Perthé's disease	2	1	1	4
Congenital claw toe	2	—	—	2
Torticollis	10	—	1	11
Pes cavus	12	—	—	12
Congenital short leg	5	—	—	5
Congenital high scapula ..	5	—	—	5
Hallux rigidus	11	—	—	11
Claw foot	6	—	—	6
Osteomyelitis	2	—	—	2
Hammer toe	3	—	—	3
Hallux valgus	21	—	—	21
Genu varum	6	—	—	6
Hysterical paralysis	1	—	—	1
Plantar fascitis	1	—	—	1
Congenital absence left toe ..	1	—	—	1
Overlapping toes	2	—	—	2
Schlatter's disease	1	—	—	1
Deformed toes	11	—	—	11
Foot strain	1	—	—	1
Congenital amputation forearm	1	—	—	1
Astragalectomy	1	—	—	1
Hallus flexus	2	—	—	2
Paralytic talipes	1	—	—	1
Congenital short neck	1	—	—	1
Old compound fracture left femur	1	—	—	1
Congenital deformity hand ..	1	—	—	1
Dorsal kypho-scoliosis	1	—	—	1
Achondroplasia	1	—	—	1
Congenital amputation hand	1	—	—	1
Coxa valga	1	—	—	1
Amputation leg	—	1	—	1
Ankylosis	—	1	1	2
Ununited fracture	—	—	1	1
Rickets	—	—	1	1
Muscular dystrophy	—	1	—	1
Others	30	—	—	30
No appreciable defect	51	—	—	51
CASES	515	10	16	541
ATTENDANCES	907	18	21	946
Number of new cases				248
Number of old cases				293
Number of cases discharged ..				113
Number of cases transferred to hospital				3
Number of operations advised ..				16
Number of operations performed ..				7
Number of new appliances ordered ..				207

597 surgical appliances were supplied free of cost in accordance with the terms of the Education Act 1944, and indicated more specifically in Circular 29 of the Ministry of Education.

CHIROPODY CLINIC

A part-time chiropodist was appointed at the end of the year to commence duty in January 1948.

NON-TUBERCULOSIS CASES SEEN BY MR. LEE PATTISON

Number of Sheffield school children treated at King Edward VII
Hospital during 1947 25

Number of Sheffield school children seen at the Orthopædic clinics
of the Child Welfare Centre during 1947 103

REMEDIAL EXERCISES AND PHYSIO-THERAPY

Treatment is given at the Edgar Allen Physical Treatment Centre and 46 children were referred to the Centre through various agencies. Dr. Abercrombie, the Medical Director, has kindly provided the following complete report :—

Condition	Number treated	Result of Treatment		
		Free from Symptom	Improved	Not Improved
Anæmia	1	—	1	—
Asthma	2	—	2	—
Bronchitis	1	—	1	—
Cerebral athetosis	1	—	—	1
Cervical adenitis	2	—	2	—
Congenital defect	1	—	1	—
Debility	6	1	5	—
Dermato-myositis	1	—	—	1
Facial paralysis	2	2	—	—
Fibrositis	1	—	1	—
Ganglion hand	1	1	—	—
Genu valgum	1	—	1	—
Hæmatoma face	1	—	1	—
Keratitis	3	—	3	—
Kyphosis	3	1	2	—
Osteo-chondritis juvenilis	1	—	1	—
Pes cavus	2	1	1	—
Pes planus	4	3	1	—
Rheumatism	3	—	3	—
Rickets	1	—	1	—
Scoliosis	4	3	1	—
Sprained ankle	2	2	—	—
Teno-synovitis foot	2	—	2	—
TOTAL	46	14	30	2

TUBERCULOSIS OF BONES AND JOINTS

Number of Sheffield school children treated at King Edward VII
Hospital during 1947 45

Number of Sheffield school children seen at the Tuberculosis
Dispensary (Surgical Department) during 1947 460

HEART DISEASES AND RHEUMATISM

Under this section there was a note last year to the effect that the Royal College of Physicians had set up a Rheumatic Fever Committee with the following terms of reference :—" To consider the prevention and management of rheumatic heart diseases."

The Committee accordingly decided to recommend to the Ministry of Health that "acute rheumatism" in children under sixteen years of age should be notifiable in several parts of the country where the existing facilities for diagnosis and treatment were of a high standard. Sheffield was one of the selected areas and the Minister of Health agreed to the condition becoming a notifiable disease for three years from October 1, 1947.

It is hoped that this step will provide valuable information, which has not been obtained previously, for clinical, environmental and social study. Investigations accordingly are proceeding on these lines.

A full description of the nature of the work undertaken by the Physician at the Rheumatism and Heart Clinic has been given previously. The medical officers continue to welcome the opportunity of this specialist service.

At this clinic also, suitable children are nominated for Ash House School and here all the children are effectively "followed-up" on discharge from the school.

A summary and analysis of the cases seen by the specialist follows :—

Condition	School children		
	New Cases	Old Cases	Attendances
1. Rheumatic Pains or Arthritis—			
(a) With heart affection	11	76	178
(b) Without heart affection	8	38	85
2. Rheumatic Chorea—			
(a) With heart affection	1	9	19
(b) Without heart affection	2	5	18
3. Rheumatic Carditis without			
(1) or (2) above	42	117	378
4. Congenital Heart Disease	19	39	66
5. Functional Heart Disorder	9	5	19
6. No Rheumatism or Heart Disease or Disorder	42	15	75
7. Recent Rheumatism. No longer active. No carditis	33	29	122
TOTALS	167	333	960

TUBERCULOSIS

Co-ordination between the School Health Service and the Clinical Tuberculosis Officer, Dr. Midgley Turner, continues smoothly and efficiently. Dr. Midgley Turner's report on the work of the Dispensary in relation to school children follows :—

“ The work of the Tuberculosis Dispensary amongst tuberculous school children and suspects continues to be carried on in close co-operation with the School Health Service. The sessions on Wednesday mornings and afternoons and Saturday mornings are mainly devoted to the examination of school children at the Tuberculosis Dispensary.

The names of all children who are known to have been in contact with infectious cases of tuberculosis in their homes, are supplied to the School Medical Officer. By this means the School Medical Officer is able to keep these children under specially close supervision. In all, 128 of these Contacts were reported to the School Medical Officer during 1947.

The examination of ' Contacts ' has been continued and the regular treatment and supervision of tuberculous children has been carried out. Of the 306 ' Contacts ' of school age examined, 99 were retained on treatment and supervision at the Tuberculosis Dispensary.

During the year 1947, 2,860 attendances (exclusive of new cases) were made by school children, 1,785 notified cases and 1,075 observation cases.

NEW CASES. 7 notified cases of tuberculosis of the lung were examined, 306 ' Contacts ' and 471 suspicious cases. (Of the latter, 145 were sent up by the School Medical Officer).

In connection with the examination of school children, 1,125 x-ray films were taken.

During the year 42 notified and 175 suspicious cases were admitted into Sanatorium for observation and treatment. A Mantoux test is carried out on all children admitted to Sanatorium for either observation or treatment.

The number of Notifications of Tuberculosis in school children received was :—

PULMONARY.	Males	62	NON-PULMONARY.	Males	32
	Females	51		Females	21

Tubercle Bacilli were found in the sputum of five children.

Forty-six places at the Whiteley Wood Special School were reserved for children selected by the Tuberculosis Medical Officer. Should he not require the whole of the 46 places, there is an arrangement whereby the vacant places are filled by the School Medical Officer. The children selected had signs of infection of the chest glands without marked invasion of the lung tissue, and were, therefore in a non-infectious condition.

In addition, 26 places were reserved at the Springvale House Special School for children selected by the Tuberculosis Medical Officer."

MASS MINIATURE RADIOGRAPHY

Arrangements were completed at the end of the year for all pupils over the age of 14 to attend the Miniature Radiography Centre for examination early in 1948. This step is welcomed as it conforms with the present preventive concept of the School Health Service.

CHILD GUIDANCE CLINIC.

In common with most clinics throughout the country, the Sheffield Clinic has continued to labour under a shortage of staff, though relative to the difficulties of 1946 conditions have been a little better in this respect. Two full-time workers, however, are still needed to make up the full complement of staff, a condition which seems likely to continue until more suitable people can be trained.

Two hundred and ninety-nine children were referred during the year. This is the highest intake for the last three years and in view of the fact that the Doncaster and Rotherham Authorities have now established their own clinics and no longer refer cases, this increase is really higher still in relation to the Sheffield schools. As has always been usual, many more boys have been referred than girls.

Whilst it was possible to report a considerable decrease in the number of children on the "waiting for treatment" list at the end of 1946 following on the appointment of additional members of staff, this list is again mounting up, as is inevitable if more cases are referred. The raising of the school-leaving age considerably increases the school population and this also affects the case load; whether on this account or for other reasons cannot be decided, but during the year many more older children have been referred and the median age of the older half of children referred this year is 14 months higher than last year. About the same proportion of younger children continue to be referred.

As regards intelligence, both superior and inferior children have been referred. The children as a whole have been somewhat brighter than those referred in previous years, but approximately 42 per cent. still fall in the dull and backward group. This may be because life in a complex society is, on the whole, more difficult for the less intelligent.

Nearly half the children were referred by head teachers; this follows the usual tendency and the proportions from other sources are similar to other years.

Turning to "Reasons for Reference," of children sent to the clinic during the year larger proportions than usual have been classed as "Nervous Disorders" and "Intellectual Difficulties" and a smaller proportion as "Behaviour Disorders." The increase in the first mentioned category is welcomed, as the symptoms involved are such as are more easily passed over. Children in this group are frequently no problem so far as discipline is concerned, save that they may sometimes find it hard to concentrate, yet they may urgently need treatment and their state may even contain the seeds of a breakdown later on in life.

The usual close co-operation with other departments of the School Health Service has continued and schools of all types have been very helpful. Teachers have been very forbearing in relation to those cases which needed treatment and which may have had to wait over 12 months before anything could be done for them. Children approaching school-leaving age and urgent cases were frequently taken out of turn but this, of course, put back all the other children on the list.

A certain amount of help has been given to teachers concerning small problems which do not involve sending a child to the clinic. This seems to be very profitable work which may well be extended when staffing problems are eased. Lectures and talks have been given to a variety of groups during the year, including teachers in training at the University and Training College, and members of the staff took part in the Authority's course for foster mothers and others dealing with children committed to the care of Local Authorities.

							Shef- field	West Riding	Don- caster	Rother- ham	Total
NUMBER OF CASES REGISTERED DURING 1947.											
Girls	..	..	..	..	..	..	128	—	—	—	128
Boys	..	..	..	..	..	..	171	—	—	—	171
Total							299	—	—	—	299
ANALYSIS OF REGISTERED CASES.											
Cases closed 1947	..	..	..	..	..	..	209	18	1	1	229
Cases open 31st December, 1947	..	..	..	..	..	..	220	3	2	—	225
Cases on waiting list	..	..	..	..	..	..	39	—	—	—	39
Total							468	21	3	1	493
REASONS FOR CLOSING CASES DURING 1947.											
Did not attend at all	..	..	..	..	..	..	12	1	—	—	13
Patient unco-operative	..	..	..	..	..	..	1	1	—	—	2
Parent	..	..	..	..	..	..	11	1	—	—	12
Further attendance impossible	..	..	..	..	..	..	9	13	—	1	23
Transferred to other treatment	..	..	..	..	..	..	5	—	1	—	6
Consultation only	..	..	..	..	..	..	143	1	—	—	144
Treatment completed	..	..	..	..	..	..	14	1	—	—	15
After supervision	..	..	..	..	..	..	14	—	—	—	14
Total							209	18	1	1	229
ANALYSIS OF CASES OPEN 31ST DECEMBER, 1947.											
Under treatment	..	..	..	..	..	..	57	3	2	—	62
„ supervision	..	..	..	..	..	..	74	—	—	—	74
„ investigation	..	..	..	..	..	..	23	—	—	—	23
Awaiting treatment (investigation complete)	..	..	..	..	..	..	66	—	—	—	66
Total							220	3	2	—	225

REASONS FOR REFERENCE OF ALL CASES.

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	Other disorders	Total
Sheffield	47	28	61	158	5	299

SOURCE OF REFERENCE.

	Head Teacher	Parent	School Medical Officer	Speech Thera- pist	Probation Officers' Dept.	Private Doctor	Hospital	Others	Total
Sheffield	141	31	65	33	9	6	7	7	299

AGE RANGE ON REFERENCE.

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16+	Total
Number of children ..	—	—	3	4	19	29	26	45	28	38	25	41	25	9	3	4	—	299

INTELLIGENCE QUOTIENT RANGE OF ALL CASES CLOSED DURING THE YEAR

70 and below	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total
25	36	60	38	30	10	7	4	19	229

RETURN OF INTERVIEWS AT THE CLINIC.

	Psychiatrist's department	Psychologists' department	Social workers' department	Total
Sheffield	707	1,820	—	2,527
West Riding	38	73	—	111
Doncaster	2	83	—	85
Rotherham	—	—	—	—
Total	747	1,976	—	2,723

HOSPITAL TREATMENT

It is a pleasure to report that agreement has been reached with the local hospital authorities over the arrangements for the treatment of school children. Whilst the hospitals have always readily undertaken the treatment of children the Education Act called for integration of these activities with the School Health Service. Circular 29 was issued by the Ministry of Education in March 1945 dealing with the subject of medical treatment mentioned in Section 48 (3) of the Education Act 1944. The Circular urges an extension of the range of Local Education Authorities' arrangements with hospitals. In other words the Minister wished the Authorities to accept responsibility for the treatment of school children at the Hospitals subject to his approval of the various proposals.

Although representatives of the Education Committee had been nominated to discuss proposals in detail with representatives from the Sheffield and District Area Committee of the British Hospitals Association in April 1945 it was realised that the problem was of such a nature that discussions were first of all necessary at a national level.

Consequently various interested national associations after many months arrived at recommendations which were accepted by the Minister of Education. Accordingly Circular 102 was issued in May 1946 indicating these recommendations for the basis of payments to the Voluntary Hospitals for in-patient and out-patient treatment of school children and the remuneration of the consultants and visiting physicians and surgeons treating these children.

Several local discussions then took place and a scheme was finally approved which would operate from January 1st, 1947.

Financial responsibility has been accepted by the Sheffield Education Authority for all in-patients and out-patients in the hospitals in the City of Sheffield of children in attendance at schools maintained by the Sheffield Education Authority, subject in each case to the approval of the School Medical Officer. Pupils suffering from infectious diseases, including tuberculosis, and cases for whom facilities are available at the school clinics are excluded from the scheme.

The agreed cost of hospital treatment is paid for a period of seven days in cases where pupils are admitted in emergency without the prior approval of the School Medical Officer and is subject of course to the full charges being made.

It is agreed that the financial arrangements for which provision has been made are limited to the period expiring on the date when the National Health Service Act 1946 becomes operative and are without prejudice to whatever arrangements may be required for the purpose of that Act.

It will be seen therefore that these arrangements enable the Local Education Authority to obtain a full and continuous medical history of the City's school children. Indeed it is stipulated in the local agreement that there shall be the closest co-operation between the hospitals and the Local Education Authority. Furthermore there is now a most desirable liaison with the hospitals as there is the further agreement that the School Medical Officer with the consent of the specialist in charge, shall have the facility of visiting the hospital where there are Education Authority cases. Of benefit to the patient also is the agreed procedure by which the School Medical Officer sends to the hospital, such information as to the previous history of the child or his home conditions as is deemed to have a bearing on his illness or any other information specifically asked for by the hospital. In addition the hospital send to the School Medical Officer a copy of any letter addressed to the practitioner in charge of the case after his discharge from hospital and a copy of any report by the hospital almoner having a bearing on the child's illness and future treatment or care.

One example of this co-operation is shown by the acceptance by the Education Authority, following approval by the School Medical Officer, for the further treatment of children in Convalescent Homes up to a period of four weeks, after discharge from hospital.

WORK OF SCHOOL NURSING STAFF.

The work of the School Nursing Sisters and Nursing Assistants has been fully described in previous reports.

SUMMARY OF WORK OF THE SCHOOL NURSING SISTERS AND NURSING ASSISTANTS IN 1947.

IN THE SCHOOLS—

Attendance daily with the Medical Officers at Routine Inspection.

Examination of children under cleanliness scheme—Boys						67,072
						Girls 80,818
						<hr/> 147,890
„	„	for “ following up ”	..	..	..	1,670
„	„	for investigation of outbreak of				
		Infectious Diseases	..	..	..	13,722
„	„	for other purposes	..	..	..	34,553
Weighing and measuring	..	..	..	..	..	56,735
Number of visions tested	..	..	..	..	..	21,367
Number referred to clinics	..	..	..	..	..	3,504
Number of visits to schools	..	..	..	..	..	12,953

IN THE CLINICS—

INSPECTION CLINIC—Attendance with the Medical Officers.

TREATMENT CLINIC—

	EYE TREATMENT		EAR TREATMENT		DRESSINGS	
	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances
Attercliffe.. ..	144	554	282	1,946	1,783	8,405
Pitsmoor	483	1,362	268	2,150	2,031	5,953
Hillsboro'	163	513	166	1,253	1,462	6,603
Heeley	186	1,060	197	2,849	922	5,283
Central	257	1,229	300	2,855	1,509	7,272
Handsworth	36	125	52	313	296	1,432
Woodhouse	40	174	42	406	391	1,841
Shiregreen	191	642	330	2,076	1,241	6,868
Manor	232	1,306	137	804	1,916	8,123
Wisewood	79	461	87	426	333	2,146
Wybourn	64	498	84	852	860	6,162
Southey Green	93	230	117	633	1,394	4,126
Special Schools	156	3,274	215	3,540	1,358	30,189
	2,124	11,428	2,277	20,103	15,496	94,403

IN THE HOMES—

Visits for " following up "	..	..	..	..	..	1,029
„ neglect, uncleanliness, etc.	..	..	..	..	..	227
„ various purposes	..	..	..	..	..	1,518

CLEANLINESS SURVEY—

Total examinations—Boys	..	67,072				
Girls	..	80,818				
					147,890	
Nits found	Boys	..	6,517	(9·71%)		
	Girls	..	22,831	(28·24%)		
					29,348	(19·84%)
Verminous	Boys	..	702	(1·04%)		
	Girls	..	1,724	(2·13%)		
					2,426	(1·64%)
Dirty	Boys	..	389	(0·58%)		
	Girls	..	198	(0·24%)		
					587	(0·39%)
Verminous clothing found	..	—			180	
Number of individual children found to be not clean during the year	..	..	..	..	7,083	
Number of heads cleansed at the Clinics (241 boys and 480 girls)	..	..	..	..	721	
Bad clothing	Boys	..	61	(0·09%)		
	Girls	..	43	(0·05%)		
					104	(0·07%)
Bad footwear	Boys	..	140	(0·20%)		
	Girls	..	56	(0·06%)	196	(0·13%)

It should be noted that out of the total number of examinations it was found necessary in the worst cases of uncleanliness to send a special card of instructions to the parents of 999 boys (1·48 per cent) and 4,741 girls (5·86 per cent) and a second one to a further 81 boys and 517 girls. Of these 721 (241 boys and 480 girls) were cleansed at the clinics.

Furthermore, the apparently large number of children found with nits includes those with a few nits only. They are noted however so that they can be kept under observation. The children who had special cards of instruction indicate the measure of infestation which however is distressingly large.

The standard of clothing and footgear however shows an improvement over last year's findings. In this connection it is interesting to note that amongst the items of clothing provided by the Authority during the year under the Education Act, 1944, were 972 pairs of boots for boys together with 1,059 items of clothing and 779 pairs of shoes for girls together with 1,018 items of clothing.

In accordance with the local practice 2,390 children who were found to be suffering from various defects during general survey were referred by the school nursing sisters to the clinics, and 1,114 children were also referred to the clinics by the nursing assistants during cleansing inspections.

INFECTIOUS DISEASES AND IMMUNIZATION AGAINST DIPHTHERIA

The School Health Service works in active co-operation with the Public Health Service over the control of infectious diseases in the schools. The general arrangements and methods employed in maintaining close supervision and in investigation have been fully described in previous reports. The incidence of infectious disease during the four quarters of the year as reported through the schools is shown below. These numbers do not give complete cases but are sufficiently indicative of the trend of infection.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total	
					1947	1946
Measles	1,766	869	276	75	2,986	966
German measles	171	231	94	50	546	411
Whooping cough	163	181	137	324	805	1,377
Chicken pox . .	920	440	178	692	2,230	2,374
Mumps	247	272	168	426	1,113	238
Scarlet fever . .	95	80	62	157	394	497
Diphtheria . .	5	4	4	6	19	54

DIPHTHERIA

The total number of notified cases of diphtheria occurring in the age groups 5—15 was 19, compared with 54 in 1946, 119 in 1945, 215 in 1944, 434 in 1943, 708 in 1942 and 853 in 1941.

The total number of fatal cases occurring amongst school children was 1 compared with 1 in 1946, 4 in 1945, 4 in 1944, 5 in 1943, 18 in 1942 and 16 in 1941. These children had not been immunized.

As a local measure the 76 children discharged from hospital, some of whom had been admitted as suspicious cases, were examined, together with 134 contacts.

The school medical officers notified 2 cases of diphtheria, both being throat. Swabs were taken as indicated through the year and the following table shows the number and results :—

				Positive				Negative				Total
Throat	—	..			58	..			58
Nose	—	..			3	..			3
Ear	—	..			2	..			2
								—				—
					..			63	..			63
								==				==

There were 5 visits to schools where cases of diphtheria had occurred for the purpose of investigation.

IMMUNIZATION AGAINST DIPHTHERIA.

The details describing the local drive for immunization have been given in previous reports. The problem of dealing with indifferent parents is tackled by follow-up letters and personal appeals by head teachers, the medical officers and the school nursing sisters wherever possible. It is difficult, however, to gain access to many of these parents, and it is regrettable to note that the children may suffer through their indifference.

From available records it is gratifying to note that 78 per cent. of the children in the City age 5 to 15 had been immunized by December 1947.

During the year, the reinforcing or stimulating dose was offered to children aged 5 or 6 who had received their immunization treatment in early infancy. The response has been very satisfactory, 70 per cent. of the parents accepting this offer.

PARTICULARS OF THE WORK DONE IN 1947 BY THE SCHOOL HEALTH SERVICE.

(a) *Primary Immunization.*

Number of letters sent through schools to parents	..	..	7,967
„ parents who desired treatment	..	..	3,987
„ „ later refused treatment	..	..	81
Acceptance rate	..	..	50 per cent.
Number of children who have attended for treatment	..		2,543
„ „ received complete treatment—			
Children up to 5 years	..	..	595
„ 5 to 15 years	..	..	1,507
„ over 15 years	..	..	—
Number received part treatment	..	..	408

(b) Stimulating or Reinforcing Doses.

Number of letters forwarded	..	..	..	..	..	4,573
Number of acceptances	..	..	..	..	..	3,243
Acceptance rate	..	..	..	..	..	70 per cent.
Number treated	..	..	..	..	..	3,202
(99 per cent. of the acceptances).						

(c) Number of Attendances.

Immunization	..	..	..	..	..	4,622
Stimulating or Reinforcing Doses	..	..	..	..	..	3,202
Total						<u>7,824</u>

PARTICULARS OF WORK DONE BY THE SCHOOL HEALTH SERVICE
SINCE THE INCEPTION OF THE SCHEME.

(a) Primary Immunization.

Number who have received complete treatment during 1941					..	5,091
„	„	„	„	1942	..	19,495
„	„	„	„	1943	..	15,478
„	„	„	„	1944	..	3,357
„	„	„	„	1945	..	2,582
„	„	„	„	1946	..	2,397
„	„	„	„	1947	..	2,102
						<u>50,502</u>

(b) Stimulating or Reinforcing Doses.

Number of stimulating doses given during			1944	..	..	1,995
„	„	„	1945	..	..	2,376
„	„	„	1946	..	..	4,925
„	„	„	1947	..	..	3,202
						<hr/> 12,498

(c) Total number of attendances 145,928**SCARLET FEVER**

The total number of cases of scarlet fever occurring in children between 5—15 years notified to the Medical Officer of Health during 1947 was 394 compared with 497 in 1946. The school medical officers notified 7 cases and examined 326 cases following discharge from isolation. There were 4 visits paid to the schools for the purpose of investigation.

MEASLES

The marked increase towards the end of the last quarter in 1946 noted in last year's report continued into the first and second quarters of 1947. This follows the usual biennial periodicity of the disease.

The school medical officers notified 8 cases and paid 5 visits to the schools for this condition.

WHOOPING COUGH

The number of cases occurring during the year were much fewer than the previous year, following its accustomed course in relation to the incidence of measles. The school medical officers notified 7 cases during the year and 2 visits were paid to the schools.

POLIOMYELITIS—INFANTILE PARALYSIS

Between July 16th and December 19th there were 31 confirmed notifications of poliomyelitis in children aged 5—15. During the previous year there had not been a single case in this age group.

The maximum incidence was in September with 13 cases, 7 cases occurring in July, 8 in August, 2 in October, and 1 in December.

Generally speaking the cases were spread over most districts of the City.

The sex distribution was uneven, 18 girls being affected and 13 boys. The age distribution, however, showed a preponderance of cases, both boys and girls, in the younger age groups, 19 in the ages five to seven, the remainder being scattered over the rest of the age groups.

It is now possible to evaluate the physical results of this outbreak. Eighteen children fully recovered from the attack without any impairment and 4 children have been left with a mild form of paralysis which does not interfere with their activities. Nine cases unfortunately have been left with severe paralysis, and 4 of these children are still receiving in-patient treatment at King Edward VII Hospital. The remainder are either having physiotherapy or have been fitted with apparatus.

Ninety-five visits were paid to the schools during the outbreak.

SMALLPOX

A boy aged 11 years in attendance at school, who had not been vaccinated, was diagnosed to be suffering from smallpox on the 9th May, 1947. He was taken ill on the night of 1st May and had been absent from school from the 2nd May, 1947. He was removed to the Isolation Hospital at Grenoside.

Fortunately there were no other school children in the house and all the occupants were vaccinated on the 9th May and immediately isolated by the Medical Officer of Health in the Authority's isolation quarters.

Next day, although Saturday, the names and addresses of the children in the class were obtained and through the energetic measures of the Public Health Department, 33 out of 38 contacts in the class were vaccinated either that day or the following day. Two teachers were also vaccinated. Five children who were not vaccinated were excluded from school until the quarantine period expired.

It is pleasing to report, therefore, that there were no further cases of smallpox occurring amongst children in this or any other school.

CHICKEN POX

There were a large number of cases during the year and 8 visits were paid to the schools in this connection.

MUMPS

There was a marked increase in the number of cases during the year, especially during the fourth quarter.

SCHOOL CLOSURE

No school or department was closed during the year on account of infectious disease.

PHYSICAL EDUCATION

Close co-operation exists between the School Health Service and those engaged in physical education. In particular, individual reports are made on children submitted for an opinion as to their suitability for various types of physical activities. During the general medical examination also, this consideration is always borne in mind and head teachers are informed where restrictions are considered necessary.

The school health staff naturally take much interest in this part of education which plays a marked share in the development of the child. The war years of necessity witnessed a check to this progress but arrangements for a liberal physical education have been resumed.

The report on this year's activities by Mr. Carr, Chief Superintendent of Physical Education, will be found in the Appendix on page 4.

SPECIAL ENQUIRY

INVESTIGATION INTO ABSENCE FROM SCHOOL AND THE MORBIDITY OF SCHOOL CHILDREN

The Committee agreed to participate in this Enquiry which commenced at the beginning of the school term of September 1947 and is to continue for one year. Sheffield is one of two urban areas selected by the Ministry of Education for the Enquiry. Two rural areas have been chosen in addition.

In each of the urban areas schools in four kinds of districts with a total of about 1,000 children have been chosen for the study.

The purpose of the investigation is to obtain information on the extent and causes of absence from school and morbidity among school children and the effect on them of social and economic conditions, matters on which there is at present practically no information but on which information

would be of value both in regard to education and child health. It is not possible to say what results will emerge from the investigation, but they may well have a bearing on such matters as the development of the school medical service and the design of schools and the size of class. Needless to say the findings are awaited with a lively interest.

Thanks are due to the teachers, school nursing sisters and the education welfare officers for their active support in collecting the information required for the investigation.

CO-OPERATION OF PARENTS, TEACHERS, EDUCATION WELFARE OFFICERS AND VOLUNTARY BODIES

The value attached to the parents' presence at the routine medical inspection and the importance of consultation between the doctor and the parent whenever possible has been stressed in previous reports.

The following percentage of parents took advantage of attending with the children at the routine examinations :—

Entrants	..	..	..	..	..	89·04 per cent.
Intermediates	..	..	..	..	..	70·28 per cent.
Leavers	..	..	..	..	..	40·78 per cent.

It is pleasing to note the high percentage of parents attending with the new intermediate group.

Parents also value the consultation offered and accompany the children in increasing numbers at most of the Clinics.

To the teachers and the inspectorate a special debt of gratitude is due. They help in very many ways and give active assistance in ensuring the success of medical, dental and cleanliness inspections, diphtheria immunization treatment, and in the preparation of special reports on individual children.

The education welfare officers give valuable aid in the following-up system and provide the connecting links between the ancillary sections.

Appreciation can be expressed here of the co-operation and help given by general practitioners and medical officers at the various hospitals.

The help which has been given during the year by the National Society for the Prevention of Cruelty to Children, through their energetic and tactful local inspectors has been much appreciated.

The Cripples' Aid Association, the Voluntary Association for Mental Welfare and the Council of Social Service have again rendered useful service during the year.

Due acknowledgment and thanks are given to the local Press for their sympathetic and helpful presentation of school health topics.

It is a pleasure to record that the first post-war trips after a break since 1939 were arranged in 1946 through the Sheffield Children's Seaside Holiday Fund. This fund is organised by the *Sheffield Telegraph* and the *Star* and is well supported by the public. Its object is to take deserving children selected by the Local Education Authority to the seaside for one day where they are provided with food and entertainment.

2,000 children were taken to Cleethorpes in 1946 and in 1947 the numbers were increased to 3,240.

School teachers volunteer to travel with the children who are also accompanied by representatives of the fund.

During the year the Sheffield School Children's Holiday Association had the full use of their Fairthorn Convalescent Home. "Fairthorn" opened on the 8th March and remained open until the 18th December. Three parties of 24 children stayed for six weeks and four parties stayed for four weeks. In all 167 children selected by the school medical officers have been either four or six weeks at "Fairthorn." In addition 82 children were given a fortnight's holiday during the summer holiday period. These children were selected by the head teachers of schools as children needing a holiday and coming from homes deprived of one or both parents. All the children were examined by the school medical officers before entering "Fairthorn."

This valuable help given by the Association towards restoring health to the children is an important contribution towards the work of the School Health Service.

NURSERY SCHOOLS AND CLASSES

A full account of the medical care and dietary provision for these infants has been given in previous reports.

The concession of giving cod liver oil and orange juice to all these children has been continued. In addition, an iron supplement is given to infants selected by the medical officers, suffering or suspected to be suffering from anæmia, with resulting improvement.

The medical officers paid 231 visits to the schools and classes and examined 2,220 for "routine" and 2,322 as "selected" and quarterly examinations, calling for 48 letters and 22 letters respectively, advising parents of defects found. In the majority of cases the recommendations were carried out without any further ultimatum, but in a few cases "follow up" was necessary by the school nursing sister.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

Defect or Disease	Routine Inspection Number of Defects		Special Inspection Number of Defects	
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
Minor ailments	17	14	74	13
Visual defects	17	9	11	5
Defects of nose and throat ..	67	73	26	51
Dental defects	5	—	1	—
Other defects	43	101	51	75

RETURN OF DEFECTS TREATED

Defect or Disease	Number of defects treated or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
Minor ailments	83	—	83
Visual defects	18	—	18
Defects of nose and throat ..	13	12	25
Dental defects	5	—	5
Other defects	59	8	67

The tables below show the average measurements for these children, together with a comparison with those of last year. There has been some slight diminution in these measurements but not significantly so.

DETAILS OF 1946 MEASUREMENTS COMPARED WITH 1947.

NURSERY SCHOOLS AND CLASSES.

HEIGHT—BOYS (IN INCHES).

Age	No. of boys	1946		No. of boys	1947		Difference ± S.E. 1947-1946	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
2	93	35.28±0.178	1.71	34	35.07±0.182	1.06	-0.21±0.255	-1
3	437	37.80±0.088	1.84	453	37.69±0.077	1.65	-0.11±0.117	-1
4	446	40.13±0.086	1.82	463	40.08±0.084	1.81	-0.05±0.120	0

WEIGHT—BOYS (IN POUNDS).

Age	No. of boys	1946		No. of boys	1947		Difference ± S.E. 1947-1946	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
2	93	29.96±0.393	3.79	34	28.66±0.475	2.77	-1.30±0.617	-2
3	437	33.39±0.171	3.57	453	33.01±0.164	3.49	-0.38±0.237	-2
4	446	37.15±0.203	4.29	463	36.48±0.185	3.98	-0.67±0.275	-2

HEIGHT—GIRLS (IN INCHES).

Age	No. of girls	1946		No. of girls	1947		Difference ± S.E. 1947-1946	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
2	71	34.67±0.178	1.50	43	35.18±0.209	1.37	0.51±0.275	2
3	392	37.38±0.088	1.75	397	37.43±0.088	1.76	0.05±0.124	0
4	349	39.72±0.095	1.77	387	39.65±0.099	1.95	-0.07±0.137	-1

WEIGHT—GIRLS (IN POUNDS).

Age	No. of girls	1946		No. of girls	1947		Difference ± S.E. 1947-1946	Ratio = Difference S.E.
		Mean ± S.E.	S.D.		Mean ± S.E.	S.D.		
2	71	28.41±0.347	2.92	43	27.84±0.409	2.68	-0.57±0.536	-1
3	392	32.27±0.347	6.87	397	31.83±0.191	3.80	-0.44±0.396	-1
4	349	35.58±0.217	4.05	387	35.25±0.208	4.09	-0.33±0.301	-1

S.E. = Standard error.

S.D. = Standard deviation.

HANDICAPPED PUPILS

The categories of handicapped pupils defined in The Handicapped Pupils and School Health Service Regulations, 1945, requiring special educational treatment have been discussed in previous annual reports.

The following particulars set out briefly the extent to which these pupils were receiving the special educational treatment they required during 1947.

BLIND PUPILS

SHEFFIELD SCHOOL FOR BLIND CHILDREN

Following consultations between the Board of Management of the Royal Blind School and representatives of the Sheffield Education Committee an agreement was reached by which the school came under the care of the Education Authority. A Management Committee was set up consisting of members of the Child Welfare Sub-Committee and the remaining Governors of the School. The members of the Management Committee are shown at the beginning of this report. Coincident with these discussions, conferences had been held between the managers of the Yorkshire Residential School for the Blind, York, Royal Blind School, Sheffield, and the Royal Victoria School for the Blind, Newcastle, and officers of the Ministry of Education regarding a scheme of reorganization of blind schools in the Regions.

The following scheme was accepted :—

The Newcastle and Sheffield Schools, each with accommodation for 60 boys and girls to serve as primary schools.

The York school, with accommodation for 100 boys and girls, to serve as a secondary (modern) school.

The managers were asked to implement this scheme of reorganization and that immediate steps should be taken to secure improved classification in the present school buildings, without waiting for any large scale alterations to existing premises or for their replacement. A new school for the blind is to be built in the future, of course, in accordance with the Sheffield Development Plan.

Accordingly the new classification was arranged in April 1947 and interchanges effected. The Sheffield School is now a Primary Special School with pupils up to the age of 12+.

From the same date the School Health Service undertook the medical, ophthalmic, and dental supervision. Sincere appreciation was expressed by the Committee for the efficient services which had been rendered to the school by the honorary staff, namely, Mr. Nutt, Ophthalmic Surgeon, Dr. Fawcett, Medical Officer, and Mrs. Hull, Dental Surgeon.

The pupils are seen by the ophthalmologist to the School Health Service and regular visits are paid by one of the school medical officers and a School Nursing Sister and the routine medical examinations are carried out. All the ancillary services of the School Health Service are of course now available to the pupils. Two Sheffield children were maintained at the Sheffield School at the end of the year.

The Ophthalmologist carried out 95 examinations during the period under review and an analysis of the defects of 62 pupils follows :—

Corneal leucomata	1
Subluxation of both lens	1
High myopia	5
Bilateral macular degeneration	1
Myopic nystagmus	1
Buphthalmos	2
Corneal nebulae	2
Congenital amblyopia	2
Congenital cataract	10
Enucleation of both eyes	3
Retinitis pigmentosa.. .. .	1
Albinism of retina and choroid	1
Sympathetic ophthalmia	1
Albinotic fundi	1
Microphthalmos	1
Aniridia	1
Ophthalmia neonatorum (results of)	1
Indo-cyclitis (results of)	1
Retinal degeneration	1
Leucoma	1
Choroiditis	1
Congenital nystagmus	7
Anophthalmos	1
Phthisis bulbi.. .. .	1
Phthisis bulbi right } Old iritis left }	1
Enucleation right } Disorganised globe left }	1
Enucleation right } Corneal nebulae left }	1
Blepharospasm } Corneal leucomata }	1
Corneal nebulae right } Enucleation left }	1
Leber's disease	1
Optic atrophy	8

Glasses were prescribed in ten cases.

The pupils at the Sheffield School for Blind Children were treated by the School Dental Service for the first time during the year.

Those passing on to a Senior School were examined and treated dentally prior to leaving Sheffield and the new entrants in September were examined and treated with the other residents.

All the parents were asked to complete a form stating whether they agreed that their child should receive the dental treatment found to be necessary throughout its school life. It is in no small way due to the keenness as to the welfare of these children on the part of Mr. Bloomfield, the Headmaster, that the acceptance rate was 100 per cent. The following table gives details of the treatment required and provided.

Number inspected	Number found to require treatment	Permanent teeth filled	Fillings in Perm. Teeth		Scaling Polishing and Gum Treatment
			Amalgam.	Lined Amalgam.	
72	55	90	4	117	17
Extractions		General Anaes. given N ₂ O & O ₂	Treatment completed	Percentage completed of those requiring treatment	
Temporary	Permanent				
50	4	23	55	100	

There was one classical example of Moons Molars without any malformation of the incisor teeth. This child's teeth were caries free.

The fact that no silicate fillings were inserted is due to there being a complete absence of cavities or caries in the incisor teeth of the children inspected.

PARTIALLY SIGHTED PUPILS

The education of these children who need special educational treatment is given in the Bents Green Special School for the Partially Sighted. The children are recommended by the ophthalmologist before admission to this school.

The number on roll at the end of the year was 30.

During the year the National Institute for the Blind who have been considering the design of optical aids for the partially sighted, asked if such tests could be carried out in Sheffield, the apparatus being loaned.

The Authority willingly gave their consent to such a trial and it is a pleasure to report that a certain number of the children undoubtedly benefited from the apparatus. The design of this earlier type of lens however had been improved by the end of the year, and a number of models have been purchased for use in the school.

DEAF PUPILS

There were 76 children on the registers of the Maud Maxfield School for the Deaf at the end of the year. Each child is under the supervision of Mr. Cobb, the Aural Surgeon, who pays regular visits to the school. Following the destruction of the school by enemy action in December 1940, the children have been accommodated in various huts in the grounds of the original school. It is pleasing, therefore, to be able to record that plans for a new school have been approved by the Ministry of Education and it is hoped to commence building operations in December 1948.

PARTIALLY DEAF PUPILS

The children whose hearing is very defective attend the Maud Maxfield School. The possibility of arranging lip-reading classes for those children who can remain in ordinary schools, is being considered.

DELICATE PUPILS

DAY SCHOOLS

These children are accommodated at Whiteley Wood, Springvale House and Bents Green. There are 384 day places for boys and girls.

RESIDENTIAL SCHOOL

There are 50 residential places for girls at Bents Green Special School.

EDUCATIONALLY SUB-NORMAL PUPILS

There are 140 places for girls (juniors and seniors), at the Highfield Special School. For junior boys there are 80 places at the Hillsborough Special School and 150 places for senior boys at the Wadsley Bridge Special School.

It is a pleasure to report that a practical room and kitchen were being provided during the year and the existing hut was being converted into a dining room at the end of the year, at Wadsley Bridge Special School.

The Voluntary Association for Mental Welfare undertakes the visitation and supervision of the ex-pupils of the special schools who have not been officially reported to the Mental Welfare Committee. The number this year is 49. Reports are obtained from the Voluntary Association twice a year.

The work undertaken during the year with the children following special reports on their school attainments are shown below :—

RESULTS OF EXAMINATIONS.

Recommended for admission to day special school	130
Recommended for admission to residential special school	3
Found educationally sub-normal, but allowed to remain at the ordinary school under special circumstances	70
Found dull and backward, and continued in attendance at the ordinary school	9
Found educationally sub-normal and unfit for ordinary or special school	29
Found to be epileptic	2
Admitted to special school for the physically handicapped	6
Admitted to special school for the delicate	1
Found to be educationally sub-normal, but allowed to attend a private school	1
Found educationally sub-normal—for further consideration	1
No disability of mind—referred to Child Guidance Clinic	9
Referred to Child Guidance Clinic, but allowed to remain in ordinary school	4

ANALYSIS OF CHILDREN LEAVING THE SPECIAL SCHOOLS FOR EDUCATIONALLY SUB-NORMAL.

Allowed to leave before 16 years of age	48
Left on attaining the age of 16	24
Reported to be incapable of receiving further benefit	8
Reported to be detrimental	4

REPORTED TO LOCAL AUTHORITY (Mental Welfare Committee).	Boys.	Girls.
Children incapable of receiving benefit from instruction in a special school	21	18
Educationally sub-normal children reported on leaving a special school on or before attaining the age of 16	22	6

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The classification of the conditions from which these children suffered are shown in the table below :—

	Admissions	Discharges
Rheumatic carditis	27	45
Rheumatic fever without carditis	3	2
Rheumatic pains without carditis	17	10
Chorea with carditis	4	1
Chorea without carditis	8	4
Congenital heart disease	3	0
Miscellaneous—Erythema nodosum	1	1
Miliary tuberculosis	1	1
	64	64

As stated earlier in the report Dr. Gordon succeeded Dr. Bösenberg as the Honorary Visiting Medical Officer to the school in September 1947.

Dr. Gordon is on the staff of the Children's Hospital and, in addition, conducts the Rheumatism and Heart Clinic for the School Health Service.

In previous reports it has been pointed out that in this way continuity of treatment and supervision of children suffering from acute rheumatism in the City of Sheffield is maintained.

Dr. Gordon contributes the following note :—

“ For several months of 1947, Ash House was without a visiting medical officer and the School Medical Officer carried out these duties.

Since October 1st, 1947, acute rheumatism in children has been a notifiable disease in the City of Sheffield. This is part of a general scheme for the investigation of the incidence of acute rheumatism in England today. Although it is still too early to arrive at any definite conclusion, it seems likely that this notification of rheumatic fever and rheumatic carditis will lead to a change in the type of patient admitted to Ash House, as a large number of children are victims of severe rheumatic carditis. An increase in the number of beds was envisaged in the Development Plan and present experience is reinforcing that proposal.”

WELFARE OF SPASTICS

Interest in the care of children suffering from cerebral palsy has been quickened by the formation of the British Council for the Welfare of Spastics towards the end of 1946. Experience in the complete treatment and training of these children has been in the main gained in America, but methods appropriate for this country are being worked out.

The first step taken locally to tackle the problem was to ascertain the numbers of such children. Whilst every measure possible was taken to obtain complete figures, it is felt that there are other sufferers from this condition, who have yet to be contacted. If only as a preliminary indication, therefore, the following analysis is of importance.

CHILDREN SUFFERING FROM CEREBRAL PALSY OR SPASTIC CONDITIONS

Sex and age	EDUCABLE					INEDUCABLE REPORTED L.A.			SEVERITY OF PHYSICAL CONDITION			
	Ordinary school	Special School		Not attending school	Total	Trainable	Not trainable	Total	Severe	Moderate	Slight	Total
		P.H.	E.S.N.									
Boys 2-5	—	—	—	5	1	2	3	4	2	2	8	
Boys 6-16	18	18	3	10	3	12	15	14	32	18	64	
Girls 2-5	—	—	—	5	—	—	—	2	2	1	5	
Girls 6-16	31	11	3	6	4	5	9	16	19	25	60	
TOTAL	49	29	6	26	8	19	27	36	55	46	137	

It is difficult to obtain places in the few special schools which have been opened to accommodate this type of child and it is hoped that a regional unit will be set up locally.

MEDICAL TREATMENT

The school medical officers pay regular visits to all the special schools for the purpose of routine and survey examinations.

DENTAL TREATMENT.

Dental inspection and treatment were carried out in the special schools including the open-air schools, King Edward VII Hospital School and the Sheffield School for Blind Children.

DENTAL INSPECTION AND TREATMENT—SPECIAL SCHOOLS.

Number of pupils inspected by the Authority's Dental Officers :—

(a) Periodic Age Groups.

Age	2	3	4	5	6	7	8	9	10	11	12	13	14 and over	Total
Number	8	9	3	17	20	21	82	102	117	109	80	102	62	732

(b) Specials 103

(c) Total (Periodic and Specials) 835

Number found to require treatment 598

Number actually treated 305

Attendances made by pupils for treatment 496

Fillings : Permanent teeth 321

Temporary teeth 3

Total 324

Extractions : Permanent teeth 84

Temporary teeth 393

Total 477

Administrations of general anæsthetics for extractions 244

Other operations : (a) Permanent teeth 90

(b) Temporary teeth 5

Total (a) and (b) 95

PARTICULARS OF HANDICAPPED PUPILS

	In Special Schools		In maintained Primary and Secondary Schools		In Inde- pendant Schools		Not at School		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Blind pupils	5	4	—	—	—	—	—	—	5	4
Partially sighted pupils ..	19	10	—	—	—	—	1	—	20	10
Deaf pupils	47	30	—	1	—	—	—	—	47	31
Delicate pupils	235	184	52	47	—	—	1	—	288	231
Diabetic pupils	1	—	10	8	—	—	—	—	11	8
Educationally sub-normal pupils	260	145	70	25	2	1	12	13	344	184
Epileptic pupils	9	7	20	19	—	—	7	6	36	32
Physically handicapped pupils	92	90	50	29	2	—	27	12	171	131
Pupils suffering from multiple disabilities :—										
E.S.N. and epileptic ..	3	1	—	—	—	—	—	1	3	2
E.S.N. and physically handicapped	6	10	2	—	—	—	5	2	13	12
Epileptic and physically handicapped	1	—	—	—	—	—	—	1	1	1
E.S.N. and blind	—	—	—	—	—	—	1	—	1	—
E.S.N. and deaf	—	2	—	—	—	—	—	—	—	2
E.S.N. epileptic and blind	1	—	—	—	—	—	—	—	1	—
E.S.N. epileptic and physically handicapped	1	—	—	—	—	—	—	—	1	—
Physically handicapped and diabetic	—	—	—	—	—	—	—	1	—	1

PARTICULARS OF CHILDREN WHO ARE MAINTAINED IN
RESIDENTIAL SPECIAL SCHOOLS, AWAY FROM SHEFFIELD
DECEMBER, 1947

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
BLIND CHILDREN.			
Royal Normal College for the Blind, Rowton Castle	—	2	2
Sunshine Home for the Blind, Haydon Bridge, Northumberland	1	—	1
Yorkshire School for the Blind, York	2	2	4
			—
			7
			—
DEAF CHILDREN.			
Anerley Residential Deaf School, Penge	1	—	1
Northern Counties Institution for Deaf and Dumb, Newcastle	1	—	1
Royal Cross School for the Deaf, Preston	1	—	1
Mary Hare Grammar School for Deaf, Burgess Hill	—	1	1
			—
			4
			—
DELICATE CHILDREN.			
Liverpool Open Air Hospital, Leasowe	2	—	2
			—

EDUCATIONALLY SUBNORMAL CHILDREN.

The Beacon School, Lichfield	..	..	..	3	—	3
Monyhull Colony, Birmingham	..	..	..	—	3	3
Besford Court Catholic Mental Welfare Hospital, Worcester	..	..	..	2	—	2
Allerton Priory R.C. Special School, Liverpool	..			—	1	1
						<hr/> 9
						<hr/>

EPILEPTIC CHILDREN.

Chalfont St. Peter Colony, Bucks.	..	..	..	1	1	2
Soss Moss Residential School for Epileptic Children, Manchester	..	..	..	3	2	5
The Maghull Home for Epileptics, Liverpool	..			3	2	5
						<hr/> 12
						<hr/>

PHYSICALLY HANDICAPPED CHILDREN.

Burton Hill House, Malmesbury, Wilts.	..	..	..	—	1	1
Pawling Home Hospital, Barnet, Middlesex	..			1	—	1
						<hr/> 2
						<hr/>

DIABETIC CHILDREN.

Hutton Diabetic Unit, L.C.C. Special School	..			1	—	1
						<hr/>

AFTER CARE

The purpose and principles underlying the after care of handicapped pupils and the functions of the After-care Officer have been described in previous reports.

The preliminary “leaving conferences” continue to be held as described in last year’s Report.

The advantages of registration of certain types of handicapped children under the Disabled Persons (Employment) Act have been carefully considered and during the year four pupils with various handicaps were reported on Form ED 211 (DP) as being suitable for registration accordingly.

Miss Stirgess, the After-care Officer, reports on the year’s activities:—

“During the year under review, due to the raising of the school leaving age there have been fewer school leavers than usual. The boys and girls leaving at the present time have a wide range of jobs from which to choose and on the whole this has resulted in our having little difficulty in placing the handicapped child in employment.

There have been problems, however, and cases in which a change of occupation has been necessary, the staggered hours have been trying to the school leavers, but in most cases the difficulties have been overcome.

. The deaf children have created the biggest problems during the past year, owing to their difficulty in adjusting themselves to their new environment and unless placed with understanding employers and kindly disposed workmates there is a tendency for them to become frustrated and so drift from one job to another.

We have recently been in contact with several of the Education and Apprentice Supervisors of large firms in the East End of Sheffield who are interested in the handicapped child. This should prove to be of great assistance to us in the placing of some of the children with employers who we know will endeavour to help them through the first difficult weeks of their working life. It is gratifying to report that already the Apprentice Supervisor of one of the said firms has been able to help us by placing a handicapped boy who has for some time been quite a problem. This boy through the sympathetic understanding of the Officer is now happily settled in a good trade.

It is anticipated that arrangements will be made prior to the leaving date for suitable children to visit some of these firms thus enabling them to see for themselves the kind of work that is available. Several of the children on leaving school appear to have little idea of the work they would like to do and it is thought that visits of this nature might assist them in making some decision.

During the year 630 visits have been made by the After-care Officer to cases under 21 years of age. Of the cases under after-care supervision 118 are ex-pupils of the schools for the educationally sub-normal ; 28 are deaf ; 14 partially sighted ; 81 physically handicapped other than cripples and 216 are ex-pupils of open-air schools."

Employment of ex-pupils of Special Schools	Educa- tionally Sub-Normal		Deaf		Partially Sighted		Physically Handi- capped		Open-Air School		Total
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	
Learning a definite trade	4	8	4	2	—	2	13	13	37	19	102
In semi-skilled and unskilled work	34	55	9	11	4	6	22	22	68	66	297
At home, hospital, further educa- tion, etc.	6	4	—	2	1	1	6	1	8	—	29
In the armed forces	—	1	—	—	—	—	—	3	—	4	8
Occupation unknown	4	2	—	—	—	—	1	—	6	8	21
	48	70	13	15	5	9	42	39	119	97	457
Office and general clerical work ..	—	1	1	—	—	—	8	4	10	3	27
Shop assistant	—	—	—	—	—	—	5	—	17	2	24
Butcher's assistant	—	4	—	—	—	—	—	—	—	—	4
Farmwork—Land Army	—	3	—	1	—	—	—	—	1	3	8
Gardening—groundsman	—	—	—	1	—	1	—	1	—	3	6
Lorry mate—van and errand boy	—	5	—	—	—	1	—	3	—	13	22
Milk delivery	—	—	—	—	—	—	—	1	—	—	1
Packing and warehouse work ..	12	4	1	—	1	1	4	1	13	1	38
Factory work—machinists ..	8	12	5	6	—	2	2	8	17	12	72
„ „ electric sewing machines	—	—	1	—	—	—	1	—	7	—	9
Dressmaking—tailoring	—	—	—	—	—	—	3	—	10	—	13
Domestic work—nurse maid, office cleaning, etc.	2	—	—	—	1	—	1	—	4	—	8
Canteen and kitchen work ..	3	—	—	—	1	—	—	—	4	—	8
Waitress	1	—	—	—	—	—	—	—	1	—	2
Sweetmaking—bottling and canning	3	—	—	—	—	—	3	—	1	1	8
Property repairer—plumber ..	—	—	—	—	—	—	—	1	—	—	1
Painting and decorating	—	2	—	—	—	—	—	—	—	3	5
Furnace work, rolling mills, foundry grinding, hardening, etc. ..	—	6	—	—	—	1	—	—	—	5	12
General labourer	—	4	—	—	—	—	—	—	—	1	5
Boot and shoe repairer	—	3	—	—	—	—	—	1	—	—	4
Upholstery	—	2	—	—	—	—	—	1	—	—	3
Laundry work	2	—	—	—	—	—	—	—	1	—	3
Cutlery trade	2	1	1	—	1	—	1	3	3	6	18
Elec. engineering—electrician ..	—	—	—	—	—	—	—	1	—	3	4
Wood turning—joinery—cabinet case making	—	6	—	3	—	—	—	3	1	7	20
Printing and bookbinding	1	—	2	1	—	—	1	1	5	3	14
Mark making	—	—	—	1	—	—	—	—	—	—	1
Basket work	—	—	—	—	—	1	1	—	1	—	3
Kennel work	—	—	—	—	—	—	—	—	—	2	2
Plastic work	—	—	—	—	—	—	—	—	1	1	2
Wholesale market	—	2	—	—	—	—	—	—	—	1	3
In epileptic colony or hospital ..	—	1	—	—	—	—	1	1	1	—	4
In armed forces	—	1	—	—	—	—	—	3	—	4	8
At home	6	2	—	1	1	1	5	—	7	—	23
Glazier	1	—	—	—	—	—	3	2	—	—	6
Welder	—	1	—	—	—	—	—	—	—	—	1
Telegraphist	—	—	—	—	—	—	—	—	—	1	1
Railway work	—	1	—	—	—	—	—	—	—	—	1
Cabinet case lining	2	—	—	—	—	—	2	—	3	—	7
Apprentice to typewriting trade ..	—	1	—	—	—	—	—	—	—	1	2
Surgical instrument making ..	—	—	—	—	—	—	—	1	—	1	2
Garage hand and motor mechanic	—	1	—	—	—	—	—	2	—	4	7
Hotel page boy	—	—	—	—	—	—	—	—	—	2	2
Leather work	—	—	2	—	—	—	—	—	1	1	4
Bakehouse	—	—	—	—	—	1	—	—	1	1	3
Pit surface work—collier and screener	—	2	—	—	—	—	—	—	—	—	2
Building	—	3	—	—	—	—	—	1	—	4	8
Nursery attendant	1	—	—	—	—	—	—	—	3	—	4
Commercial art training	—	—	—	1	—	—	—	—	—	—	1
Occupation unknown	4	2	—	—	—	—	1	—	6	8	21
	48	70	13	15	5	9	42	39	119	97	457

FULL TIME COURSES OF HIGHER EDUCATION FOR HANDICAPPED STUDENTS

The training of blind persons in Craftwork has been continued throughout the year by the Education Committee at the Sheffield Corporation Workshops for the Blind in accordance with the Scheme of the City Council.

The following table indicates the number of new entrants for training and the number of trainees transferred to employment during the year :—

	MEN		WOMEN		Total
	From City	Out of City	From City	Out of City	
Number on Books, January 1st, 1947	6	2	1	—	9
New admissions	—	2	—	—	2
Completed Training	4	1	1	—	6
Number on Books, December 31st, 1947	2	3	—	—	5

In addition one boy continued his training and one girl commenced a Course of Training at Henshaw's Institution for the Blind, Manchester.

The annual medical inspection was carried out during the year, and the defects discovered received treatment.

Four youths are being maintained at the Derwen Cripples' Training College, Oswestry.

HEALTH EDUCATION.

Advantage has been taken of the helpful material published or sponsored by the Central Council for Health Education in various ways. Certain material such as the label encouraging the regular habit of washing the hands has been distributed for fixing in the school lavatories and urinals. It was suggested that this habit should be learned by children as one of the first principles of hygiene. Emphasis was laid on the fact that five thousand deaths occur each year from diarrhoea and enteritis—much of it spread by hands contaminated by excreta.

During the spring term when the incidence of infectious diseases is generally high, the Central Council's pamphlet "A Memorandum: The Limitation of the Spread of Infectious Diseases in Schools," was sent to the schools. The memorandum was apposite and proved of much interest.

“ Health Education ” a publication of the Ministry of Education has been in the schools for some years and when “ Health Education in the School ” was published by the Central Council a copy of the latter was also sent to the schools. The hope was expressed that the two pamphlets would be of help in providing guiding principles for spreading the knowledge and practice of a healthy way of living.

In a few schools the school medical officer and a school nursing sister have spoken on the value of the School Health Service, and the Central Council have been good enough to follow up with appropriate literature.

Dr. Marion Taylor, during the year, has kindly given the required lectures to the students attending the Warden's Course for those working in the Nursery Classes and Schools. She has also given the lectures in the Course for Nursery Nurses which entails getting students up to a national examination standard.

Dr. Taylor also lectured in the part-time Course for boarding-out visitors, senior members of the staffs of children's homes, house mothers, and kindred occupations.

Sisters Scott and Dent helped in these courses and gave “ practical ” demonstrations.

Red Cross and St. John First-aid lectures were also given by a member of the staff. Talks on the School Health Service have been well received at various guilds and societies.

Members of the staff of the School Health Service have given lectures and demonstrations to medical students, and students in training from the Department of Education at the University and from the City Training College. Various parties of these students visited the clinics and the special schools.

“ The promotion of health, of whatever section of the community, must be the active concern not only of the individual himself but especially of those who are in some position of authority over others. Of these our school teachers are the largest and most important group.” So says Sir Wilson Jameson in his introduction to his report on “ The Health of the School Child ” for 1939-45. It is gratifying to note that the teachers are responding so readily in taking part in Health Education. Sir Wilson generously mentions that their efforts during the past forty years have brought considerable improvement.

MISCELLANEOUS.

BOYS' REMAND HOME.

During the year 124 boys were admitted.

REASONS FOR ADMISSION :—

Out of control	..	..	..	..	..	..	..	..	6
Truanting	..	..	..	..	..	..	..	..	10
Running away	..	..	..	..	..	..	..	..	3
Absconders from other Institutions	..	..	..	..	..	..	..	..	6
Larceny	..	..	..	..	..	..	..	..	52
House, shop or school-breaking	..	..	..	..	..	..	..	..	37
Unlawful wounding..	..	..	..	..	..	..	..	..	1
Arson..	..	..	..	..	..	..	..	..	1
Stealing cars..	..	..	..	..	..	..	..	..	2
False pretences	..	..	..	..	..	..	..	..	1
Indecent assault	..	..	..	..	..	..	..	..	2
Burglary	..	..	..	..	..	..	..	..	2
Carnally and illegally knowing female	..	..	..	..	..	..	..	..	1

All the boys were medically examined before admission and the Home has been regularly visited by a medical officer. The following conditions were treated during the year :—

Skin conditions :—

Scurf	..	..	..	..	..	..	..	..	8
Whitlows	..	..	..	..	..	..	..	..	1
Impetigo or sores	..	..	..	..	..	..	..	..	4
Boils	..	..	..	..	..	..	..	..	6
Dermatitis	..	..	..	..	..	..	..	..	7
Acne	..	..	..	..	..	..	..	..	5
Molluscum contagiosum	..	..	..	..	..	..	..	..	4

Coryza group :—

Common cold	7
-------------	----	----	----	----	----	----	----	----	---

Enuresis	8
----------	----	----	----	----	----	----	----	----	---

Eye conditions :—

Stye	1
------	----	----	----	----	----	----	----	----	---

Epilepsy (Petit mal)	1
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Each boy's head was carefully cleansed on admission and it was found during this period that 11 per cent. had verminous heads.

The School Medical Officer again desires to express his appreciation of the effective help given during the year by the Superintendent and Matron in carrying out the treatment prescribed.

GIRLS' REMAND HOME.

During the year 62 girls were resident in the Home for varying periods.

The reasons for admission are as follows :—

Care and protection	..	..	..	..	..	..	..	28
Larceny	..	..	..	..	..	..	..	18
Out of parental control	..	..	..	..	..	..	..	9
Breach of recognizance	..	..	..	..	..	..	..	4
Found drunk	..	..	..	..	..	..	..	1
Obtaining money by false pretences	..	..	..	..	..	..	..	1
Forged birth certificate	..	..	..	..	..	..	..	1

The girls were medically examined on admission, and the Home was visited by a medical officer as required. Because of their sex history a number of girls were recommended for examination at the Jessop Hospital. Two girls were found to be pregnant and were removed to special homes. Three girls were found to have a venereal infection and were removed to special treatment schools. One girl was admitted to Jessop Hospital for treatment. One girl was removed to Fir Vale Institution for examination on account of her mental condition. One girl had a tooth extracted at the School Clinic.

The following conditions were treated in the Home :—

Septic throat	..	..	..	..	..	..	..	5
Tonsillitis	..	..	..	..	..	..	..	1
Chronic infestation of the head with impetigo	..	..	..	..	..	..	..	1
Enuresis	..	..	..	..	..	..	..	2
Septic sores	..	..	..	..	..	..	..	3
Sprained ligaments	..	..	..	..	..	..	..	1

It was found that 90 per cent. of the girls' heads were verminous on admission. One girl's hair had to be cut close to the scalp as it was impossible to cleanse it.

The School Medical Officer again desires to express his appreciation of the help extended by the staff of the Jessop Hospital, and to record the effective assistance given by the Matron.

SPECIAL EXAMINATIONS

Special examinations have been carried out as follows :—

Candidates for appointment in the service of the Education Committee	285
Examination for Stage Licence	24
Juvenile Court Cases	230
For admission to Approved Schools	29
Fitness of school applicants for agricultural employment	60
Quarterly medical examination of " Boarded-out " children	80
Fitness for Newspaper Delivery	728

EMPLOYMENT OF CHILDREN

The following table which has been furnished by the Superintendent of Education Welfare Officers, gives particulars of applications for part-time employment of school children :—

Nature of Employment :—	Boys.	Girls.	Total
News delivery (morning only)	51	9	60
„ (evening only)	64	9	73
„ (morning and evening) ..	167	34	201
„ (morning, evening and Sundays)	273	42	315
„ (Sundays only)	4	1	5
„ (morning and Sundays) ..	28	4	32
„ (evening and Sundays) ..	35	1	36
	<u>622</u>	<u>100</u>	<u>722</u>

Errands for :—

Grocers	16	4	20
Greengrocers	5	—	5
Butchers	45	—	45
Bakers and confectioners	4	—	4
Chemists	1	—	1
Fishmongers	1	—	1
Miscellaneous	2	1	3
	<u>74</u>	<u>5</u>	<u>79</u>

Applications refused :—

Medically unfit	4	2	6
Grammar School children	5	—	5
Cancelled by employer or parent	16	7	23
	<u>25</u>	<u>9</u>	<u>34</u>

Children employed in farming and agriculture ..	<u>85</u>	<u>44</u>	<u>129</u>
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MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1947

TABLE 1.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups—

Entrants	6,355
Second Age Group	4,674
Third Age Group	2,920
TOTAL	13,949

Number of other Periodic Inspections	—
GRAND TOTAL	13,949

B—OTHER INSPECTIONS

Number of Special Inspections	49,108
Number of Re-Inspections	43,433
TOTAL	92,541

C—PUPILS FOUND TO REQUIRE TREATMENT

NUMBER OF INDIVIDUAL PUPILS

FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT
(excluding Dental Diseases and Infestation with Vermin)

Group (1)	For defective vision (excluding squint) (2)	For any other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	88	600	686
Second Age Group	103	234	328
Third Age Group	162	258	419
Total (prescribed groups)	353	1,092	1,433
Other Periodic Inspections	—	—	—
GRAND TOTAL	353	1,092	1,433

TABLE II.

**A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31ST DECEMBER, 1947.**

Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	Number of defects		Number of defects	
	Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
Skin	116	18	4,632	8
Eyes—(a) Vision ..	363	318	1,110	383
(b) Squint ..	54	49	186	67
(c) Other ..	21	84	55	38
Ears—(a) Hearing ..	35	20	147	148
(b) Otitis Media ..	3	2	71	1
(c) Other ..	59	39	53	26
Nose or Throat ..	398	389	1,236	2,216
Speech	17	15	63	41
Cervical Glands ..	15	57	144	278
Heart and Circulation	45	77	118	81
Lungs	59	87	1,104	258
Developmental—				
(a) Hernia ..	4	13	17	6
(b) Other ..	—	—	—	1
Orthopædic—				
(a) Posture ..	16	22	2	6
(b) Flat foot ..	72	40	45	11
(c) Other ..	32	27	185	563
Nervous system—				
(a) Epilepsy ..	1	6	20	43
(b) Other ..	1	9	214	193
Psychological—				
(a) Development	4	45	2	105
(b) Stability ..	—	1	11	13
Other	187	169	2,686	4,113

B—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	per cent of col. 2	No.	per cent of col. 2	No.	per cent of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	6,355	3,654	57·50	2,528	39·78	173	2·72
Second Age Group ..	4,674	2,760	59·05	1,800	38·51	114	2·44
Third Age Group .. .	2,920	2,010	68·84	799	27·36	111	3·80
Other Periodic Inspections	—	—	—	—	—	—	—
TOTAL	13,949	8,424	60·39	5,127	36·76	398	2·85

TABLE III.

TREATMENT TABLES

GROUP I.—MINOR AILMENTS

(excluding Uncleanliness, for which see Table V).

(a)	Number of Defects treated, or under treatment during the year.
Skin—	
Ringworm—Scalp—	
(i) X-Ray treatment	7
(ii) Other treatment	13
Ringworm—Body	61
Scabies	641
Impetigo	573
Other skin diseases	2,768
Eye Disease (External and other, but excluding errors of refraction, squint and cases admitted to hospital)	1,808
Ear Defects (Treatment for serious diseases of the ear e.g., operative treatment in hospital)	1,693
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	10,402
TOTAL	17,966

(b) Total number of attendances at Authority's minor ailments
clinics 31,818

GROUP II.—DEFECTIVE VISION AND SQUINT
(excluding Eye Disease treated as Minor Ailments - Group I)

	Number of defects dealt with.
Errors of Refractions (including Squint)	5,004
Other defect or disease of the eyes (excluding those recorded in Group I)	94
TOTAL	5,098
Number of Pupils for whom spectacles were :	
(a) Prescribed	2,170
(b) Obtained	1,836

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT

	Total number treated.
Received operative treatment :	
(a) for adenoids and chronic tonsillitis	427
(b) for other nose and throat conditions	6
Received other forms of treatment	215
TOTAL	648

GROUP IV—ORTHOPÆDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals or hospital schools	150
(b) Number treated otherwise, e.g., in clinics or out-patient departments	1,153

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY

Number of pupils treated :	
(a) under Child Guidance arrangements	441
(b) under Speech Therapy arrangements	234

TABLE IV.

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers :—

(a) Periodic age groups	..	..	..	..	..	..	39,391
(b) Specials	..	..	..	..	..	..	5,967
(c) TOTAL (Periodic and Specials)	..	..	..	..	..	..	45,358
<hr/>							
(2) Number found to require treatment	..	..	..	..	..	..	29,693
(3) Number actually treated	..	..	..	..	..	..	17,706
(4) Attendances made by pupils for treatment	..	..	..	..	..	..	31,158
(5) Half-days devoted to (a) Inspection	..	..	..	..	..	..	319
(b) Treatment	..	..	..	..	..	..	3,658
Total (a) and (b)	..	..	..	..	..	..	3,977
<hr/>							
(6) Fillings : Permanent Teeth	..	..	..	..	..	..	12,136
Temporary Teeth	..	..	..	..	..	..	46
Total	..	..	..	..	..	..	12,182
<hr/>							
(7) Extractions : Permanent Teeth	..	..	..	..	..	..	3,276
Temporary Teeth	..	..	..	..	..	..	22,414
Total	..	..	..	..	..	..	25,690
<hr/>							
(8) Administrations of general anæsthetics for extraction	..	..	..	..	..	..	15,442
(9) Other Operations : (a) Permanent Teeth	..	..	..	..	..	..	5,658
(b) Temporary Teeth	..	..	..	..	..	..	94
Total (a) and (b)	..	..	..	..	..	..	5,752
<hr/>							

TABLE V.

INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorized persons	..	..	..	..	..	..	147,890
(ii) Total number of individual pupils found to be infested	..	..	..	..	..	..	7,083
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	..	..	..	..	..	..	5,740
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	..	..	..	..	..	..	—

SCHOOL HEALTH SERVICE

COST

The following particulars are furnished as to the cost of the School Health Service during the financial year ended 31st March, 1947:—

SECTION	Gross Expenditure	Income from Local Sources (other than Rates)	Net Expenditure ranking for Grant	Net Cost to Rates after deducting Government Grant, &c.	Cost in terms of Penny Rate	
					Gross Cost	Net Cost to Rates
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	d.	d.
Medical Inspection and Treatment ..	56,277 4 10	221 8 0	56,055 16 10	25,706 12 0	4.14	1.90
Ablutionary Baths ..	777 6 6	—	777 6 6	356 9 6	0.06	0.03
Special Schools ..	52,937 5 4	312 2 3	52,625 3 1	24,133 6 3	3.89	1.78
TOTALS ..	109,991 16 8	533 10 3	109,458 6 5	50,196 7 9	8.09	3.71

APPENDIX

REPORT

OF THE

CHIEF SUPERINTENDENT OF PHYSICAL EDUCATION

FOR THE YEAR ENDED 31ST DECEMBER, 1947

1. *Introduction.*

Experimental work throughout the year has confirmed previous findings that the informal approach to the teaching of gymnastics is in keeping with similar methods which are being adopted in the teaching of most subjects in the school curriculum.

The regimented type of activity is disappearing. To give the greatest physical and mental effect, a lesson should be a happy, spontaneous effort where movements are free and natural and are limited only by the ability of the children to perform them. Children are encouraged to experiment for themselves and to cultivate the ability to appraise the work of their fellows. The modern trend in Physical Education does give a feeling of real achievement and helps to produce that self reliance and confidence which are so helpful in later life. The development of individual and group activities is productive of technical skill which helps in the acquisition of greater bodily control and grace of movement.

The Physical Education Staff is still incomplete. Miss Seddon resigned in March, 1945, and her place has been taken by Miss E. K. Brooks, who spends half her time at the City Training College. Mr. E. Whiteley commenced duties in September 1947, replacing Mr. F. W. C. Smith, who took up an appointment as H.M.I. in Northern Ireland.

2. *Teachers' and Leaders' Courses of Training.*

With the introduction of modern methods of training, refresher courses in physical education for teachers in all primary, secondary and other educational institutions as well as for leaders of youth organisations are essential. These are conducted by the Physical Education Organising Staff and have for many years been the chief means by which teaching technique is kept up-to-date throughout the schools.

All classes are voluntary, being arranged in out of school hours. Whilst there is much to be said for voluntary classes, they are not so well attended as formerly. This is because so many teachers undertake play centre, youth and evening school and club institute work. Many teachers, particularly women are prevented from attending evening refresher classes by reason of

domestic duties. This could be obviated by having sessional classes during school hours but staffing and accommodation difficulties have militated against this. It is the only way to ensure that all teachers who have a responsibility for the physical education of their classes can become acquainted with modern methods.

The following classes were held during the year :—

- | | | |
|---|----------------|---------------------|
| 1. (a) Physical Training for men teachers of senior boys | (1) | —24 enrolled |
| (b) Physical Training for women teachers of senior girls | (1) | —23 enrolled |
| (c) Physical Training for men teachers of junior boys | (1) | —29 enrolled |
| 2. (a) Swimming for men teachers of boys | (2) | —24 and 35 enrolled |
| (b) Swimming for women teachers of girls | (2) | —19 and 13 enrolled |
| 3. Athletics for men teachers of senior boys | (1) | —11 enrolled |
| 4. Dance Courses—Folk (3) and Modern and National Dance (2) in conjunction with the Sheffield Teachers' Folk Dance Club and the Sheffield Aesthetic and National Dance Society. | | |
| 5. Courses for teachers and leaders in Evening Schools, Evening Institutes and Youth Clubs. | | |
| (a) Recreative Physical Training for men leaders .. | (1) Beginners— | 24 enrolled |
| | (1) Advanced— | 27 enrolled |
| (b) Recreative Physical Training for women leaders | (1) | —24 enrolled |
| (c) Ballroom Dance for men and women leaders .. | (1) Beginners— | 30 enrolled |
| | (1) Advanced— | 29 enrolled |

In addition demonstrations of Infant and Junior Physical Training were held on three Saturday mornings at Southey Green County Junior, Woodthorpe County Junior and Abbey Lane County Junior Schools during May and June. Four lessons were taken at each session and included a typical infant lesson, a lower junior lesson, a higher junior lesson using Essex apparatus and an impromptu lesson illustrating the development of certain activities. Approximately 800 teachers attended these demonstrations which is indicative of the interest shown in developments in physical education.

3. *Organisations which assist in the physical development of children in a voluntary capacity.*

All voluntary organisations except one, are again very active. They are (1) The Sheffield Schools' Athletic Association, one of the oldest associations of its kind in the country ; (2) the Sheffield Schools' Swimming Association ; (3) the Sheffield Aesthetic and National Dance Society ; (4) the Sheffield Folk Dance Society and (5) the Sheffield Teachers' Netball Club. The two first named organisations deal directly with school

children's recreative activities and the latter three with the incidental training of teachers through that phase of physical education suggested by the title. The one organisation which has not yet been resuscitated is the Men Teachers' Gymnastic Club which formerly produced some excellent teachers and gymnasts whose work was effective in both day and evening educational institutions.

(1) The Sheffield Schools' Athletic Association comprises the following sub-committees—Association football, rugby football, cricket, netball and rounders. These sections arrange fixtures for their respective league games, as well as netball and rounders tournaments which have been most successful. In addition inter-city and county matches have been arranged, a most valuable social training for those children privileged to take part. The behaviour of the children both on and off the field is a credit to their trainers.

The efforts of the Sheffield Schools' Athletic Association to acquire and equip the Ball Inn Ground in order that all their big matches may be staged adequately, are commendable. It is hoped that financial assistance will be given them on a scale commensurate with the importance of the work they have undertaken on behalf of the children.

(2) The Sheffield Schools' Swimming Association is also alive to the welfare of children in the realms of swimming. On four occasions weekly, two at King Edward and two at Woodthorpe Swimming Baths, throughout the year, some of its members undertake voluntarily to train promising swimmers in more advanced and competitive work. From these children are chosen the teams for inter-city competitions. Two outstanding events in which Sheffield school children appeared to advantage were the Yorkshire inter-city Schools Gala held at Doncaster in September when Sheffield came second to Leeds by one point only and in the challenge match with Derby at the latter place in October. Here Sheffield won all the events except the girls' free style race. The activities of the Association include the arrangements for the District and Final Galas (seventeen altogether), the junior and senior squadron league matches and in co-operation with the Sheffield Amateur Swimming Association, three galas were staged in Longley and Millhouses Swimming Pools during the summer holidays.

(3) The outstanding feature of the activities of the Sheffield Aesthetic and National Dance Society was the display given in April at the Central Technical School. The programme included a display of national and natural movement dances by the members and by classes of children. This was followed by an original ballet "Les trois citrons" produced by the Marcliffe Secondary School children under the direction of Miss G. L. S. Brooks. All costumes and scenery were designed by Miss Brooks and made under her supervision. The leadership of the Club has now been taken over by Miss E. K. Brooks, Assistant Organiser of Physical Education.

(4) The Sheffield Teachers' Folk Dance Club, under the leadership of Miss H. Mawson, completed a full and useful year, opening with a week-end school of dancing under the direction of Douglas and Helen Kennedy. Seven children's Folk Dance parties were organised in various parts of the City and two demonstrations were given by its members, one in Graves Park and one at Grenoside.

(5) The Sheffield Teachers' Netball Club has met twice weekly throughout the year, playing matches on the Saturday and undergoing training on one evening. Interesting matches with clubs from other cities have been played and the club's record is a very successful one, the first team winning all its matches except for one draw with Manchester teacher.

The annual tournament organised by the club and held in November at Arbourthorne County Secondary School attracted 37 junior team entries and 18 senior team entries, approximately 500 players attending. This was an enjoyable social occasion and it is evident that the style of play is improving.

4. *Activities in the Schools.*

(a) *Physical Training.*

Four syllabuses of physical training embodying new ideas and methods have been arranged by the Organising Staff. One each for infant, junior, senior boys and senior girls is now in use in all the schools.

They are intended to give material to work upon and to suggest methods of training which aim at adapting the work to individual children who should thus be enabled to progress physically and mentally according to their own capabilities. Children are encouraged to devise practices for themselves and their powers of invention are remarkable.

Various types of apparatus have been used to bridge the gap between the "jungle gym" of the nursery school and the fully equipped gymnasium of the senior school. Experiments still continue in order to discover apparatus which can be used for a variety of exercises, which is easily portable, yet perfectly stable and does not take up a lot of room when not in use.

(b) *Games.*

In the first three months of the year a special football coaching scheme was arranged in conjunction with the Football Association. The City was divided into three areas with an additional area for Grammar Schools, a coach being appointed to each area. Coaching periods were arranged to coincide with the normal games period so as to cause as little inconvenience as possible. Each school was to have a special coaching period at monthly intervals. The full benefit of this arrangement was not felt owing to the long period of inclement weather. Most lessons had to be taken indoors.

However, the Football Association decided on a further trial in the autumn and with greater success.

Seventy-five county schools and four grammar schools took part in the scheme which was well supported. A class for coaching teachers was arranged through the Sheffield Schools' Athletic Association and was held at Shirecliffe County Secondary School on Saturday mornings but this was not entirely successful.

The employment of professional coaches for special work has certain advantages, but it must be remembered that character training is a vital part of games training and the professional coach is not normally concerned with this phase of education. This is the work of the class or form teacher who has daily contact with the children and who has, moreover, been trained to undertake games coaching both in and out of school hours.

This year has seen a big increase in the number of schools taking part in league football, cricket, netball and rounders, whilst there is an increasing demand for hockey and tennis. Accommodation in playing fields for all senior children is not available. Competition between various schools in the major games is desirable when the social value is stressed, but there is a danger where matches only are played, as there is a tendency to concentrate attention on the school or house team. These are usually the best players and the less gifted members of the class who need most help often receive least. The match should be the ultimate objective of a series of games lessons.

The results of the various competitions are :—

(i) *Football* (Association).

67 schools entered the various competitions.

	WINNERS	RUNNERS-UP
(a) Clegg Shield	Southey Green Secondary ..	Arbourthorne North Secondary.
(b) Wednesday Shield ..	Coleridge Road Secondary ..	Carfield Secondary.
(c) United Shield	Intake County	Philadelphia County.
(d) Daily Dispatch Shield	Southey Green Secondary ..	Arbourthorne North Secondary.
(e) Handsworth Trophy	This competition was not completed.	

(ii) *Football* (Rugby).

This was the first full season. A City team was formed and friendly matches were played with Amber House, Wath Grammar School and Leicestershire Boys.

	WINNERS.	RUNNERS-UP.
Price Cup	Shirecliffe Secondary	Western Road Secondary.

(iii) *Cricket*.

	WINNERS.	RUNNERS-UP.
Stokes Shield	Arbourthorne North Secondary	Intake County.
Barber Shield	Intake County	Sharrow Lane Boys.

Two Sheffield Boys were awarded county caps.

(iv) *Netball.*

32 teams entered the senior competition and 12 entered the junior competition. Owing to bad weather conditions the competition was abandoned.

(v) *Rounders.*

The tournament at Bannerdale was very successful and more than 400 children took part. The results were :—

	WINNERS.	RUNNERS-UP.
Senior Competition..	Pipworth Road Secondary..	Woodhouse West County.
Junior Competition	Woodthorpe Junior.. ..	Woodhouse West County.

In the leagues an excellent entry made a busy season.

	WINNERS.	RUNNERS-UP.
Senior League ..	Pipworth Road Secondary..	Woodhouse West County.
Junior League ..	Woodhouse West County ..	Wincobank County.

It is anticipated that the Athletics Refresher Course for Teachers will arouse interest in athletic training in schools and that an effort will be made to arrange once again the school sports which were so successful in pre-war days.

Many individual schools held their own sports days and made the occasion one for a parental gathering. These contacts between home and school are most desirable. The sports days seen were well organised. Here again, the ideal sports day is the climax to a year's steady work and not the outcome of a four weeks' intensive training which may have harmful effects.

(c) *Dance.*

The Sheffield Teachers' Folk Dance Club and the Sheffield Aesthetic and National Dance Society meet weekly throughout the year (except for the summer term in the latter club). They are the source of training for dance in its various aspects and act as informal refresher courses. The former has members of both sexes and the latter consists of women only. Both clubs do much to keep alive the spirit of dance in the schools.

Three essentials are necessary if dance training is to be effective in addition to a sound knowledge and enthusiasm on the part of the teacher :—

- (1) suitable accommodation—with a large hall having a good floor,
- (2) an understanding pianist who has a sense of movement values and can improvise and
- (3) suitable clothing.

As so many halls have been occupied by classes the facilities for systematic training have been considerably lessened.

It is anticipated that the provision of ample accommodation in every school will enable dance training to become a part of the curriculum of every school, so producing graceful girls and supple, upstanding youths with the ability to interpret correctly music in terms of satisfying and joyful movement.

(d) Swimming.

Unsuccessful representations have been made to the Baths Committee to secure more sessions for girls at the public baths. Except at Glossop Road and Corporation Street Baths girls may attend for instruction on two afternoon sessions only. By this unequal distribution, many girls do not have the opportunity to take swimming instruction whilst at school. The sessions are governed by the use of the baths by the general public and are not reserved expressly for school children. During spells of hot weather, teaching a class of 40 children in a bath already occupied by ordinary bathers becomes very difficult.

In spite of the inclement weather at the beginning of the year when many visits to swimming baths were cancelled, the year's record of progress as indicated by the following statistics is encouraging.

i. Lengths Certificates gained :—

Lengths in Yards	Boys					GIRLS				
	1943	1944	1945	1946	1947	1943	1944	1945	1946	1947
50	546	727	693	763	904	432	466	480	454	412
100	351	432	466	517	590	299	356	325	303	378
250	333	344	398	399	429	270	249	285	279	287
440	527	571	506	583	574	459	405	412	395	539
880	446	556	456	510	454	268	306	298	256	329
	2,203	2,630	2,519	2,772	2,951	1,728	1,782	1,800	1,687	1,945

Grand Totals	1943	..	..	3,931
	1944	..	..	4,412
	1945	..	..	4,329
	1946	..	..	4,459
	1947	..	..	4,896

This represents an increase of 337 certificates over those gained in 1946, and 965 more than the 1943 total.

ii. Life Saving.

The following table gives statistics of the awards granted by the Royal Life Saving Society to Sheffield School children excluding Grammar Schools for the past five years.

Year	Intermediate Certificate	Bronze Medallion	Points gained
1943	985	416	5,094
1944	1,157	561	6,320
1945	1,115	642	6,585
1946	1,103	682	6,824
1947	1,258	454	6,044

Although the number of points gained was higher than that obtained by any other Authority the National Trophy was won by Edinburgh with 867 points against Sheffield's 6,044.

Other Royal Life Saving Trophy results are :—

Viner Shield.

Prince Edward Secondary School	..	..	..	329 points.
Meynell Road Secondary School	..	..	..	266 points.
Anns Road Secondary School	..	..	..	206 points.

William Henry Cup.

Crookesmoor County Boys Schools	..	..	..	26·7 per cent.
Upperthorpe County Mixed School	..	..	..	25·5 per cent.
Woodthorpe Secondary School	..	..	..	24·0 per cent.
St. Stephen's C.E. School	..	..	..	23·5 per cent.

In the National Trophy points were gained by the four leading schools as follows :—

Woodthorpe Secondary School	..	..	..	..	357
Prince Edward Secondary School	..	..	..	..	304
Meynell Road Secondary	..	..	..	..	266
Anns Road Secondary	..	..	..	..	206

iii. *Medallions of Merit.*

A Medallion of Merit is issued by the Sheffield Schools Swimming Association to school children who pass the following exacting tests and who possess a Life Saving Award :—

- (a) Swim 500 yards in 11 minutes (girls $11\frac{1}{2}$ minutes).
- (b) Plunge 10 yards.
- (c) Dive neatly from a height of 6 feet.
- (d) Bring up a weighted object from a depth of 5 feet.
- (e) Swim gracefully and correctly in three different styles.

A token certificate has been issued to successful children during the war years in which the Medallion test has been held owing to the medals being unobtainable. The Sheffield Schools Swimming Association hopes to return to its pre-war custom as these medallions are highly prized as being the hall-mark of an all round excellence in swimming.

Awards for the past three years have resulted as follows :—

Years	Boys	Girls	TOTAL
1945	16	16	32
1946	17	14	31
1947	14	12	26

iv. *The Yorkshire Standard Certificate Test Examination.*

This was held for the first time since 1939. The test like the Medallion of Merit is an exacting one. The boys' results were good ; 22 passing out of 71 tested and 4 girls out of 37 tested.

The conditions for this test are :—

The candidate must possess at the date of the test—

- (a) 880 yards certificate awarded by the Sheffield Education Committee.
- (b) An Intermediate Certificate (or higher award) of the Royal Life Saving Society.

In addition each candidate must pass the following water test—

- (a) Make a surface dive to pick up a weight of 5 lbs. in approximately 5 feet of water. Not more than two attempts will be permitted.
- (b) Dive gracefully from a height of 4 and 8 feet according to the requirements of the A.S.A.
- (c) Swim two lengths of the following strokes in styles as described by the A.S.A.
(i) Crawl Stroke ; (ii) Breast Stroke ; (iii) Back Stroke (Back Crawl or Old English Back Stroke).
- (d) Swim 100 yards in 90 seconds (boys) and 100 seconds (girls).
- (e) Swim 440 yards in 10 minutes (boys) and 11 minutes (girls).

v. *Visits to Baths.*

Year	In school hours	Out of school hours	TOTAL
1943	168,406	125,613	294,019
1944	169,332	102,650	271,982
1945	165,115	108,957	274,072
1946	184,922	102,875	287,797
1947	194,999	81,050	276,049

Of the 1947 visits in school hours 128,283 were made by boys and 66,716 by girls. Out of school visits were made by 44,838 boys and 36,212 girls. The epidemic of infantile paralysis accounted for the decrease in the out of school visits last year.

vi. *Free Passes to Baths.*

These were formerly awarded by the Baths Committee to a boy or girl in each department of a school sending at least 12 children weekly to the baths. This was later altered to 20. 143 passes are due to schools on this account. 100 free passes have been awarded to boys and girls taking part in the special training scheme. These passes have done much to stimulate an interest in swimming.

Awards of free passes for the past five years :—

1943.	..	..	..	..	..	..	..	..	215
1944	..	..	..	..	..	..	..	..	238
1945	..	..	..	..	..	..	..	..	244
1946	..	..	..	..	..	..	..	..	273
1947	..	..	..	..	..	..	..	..	243

(e) *School Sports and Galas.*

During the year, the number of individual school sports and galas has increased considerably. Those seen were well organised and the production of programmes, records, etc., showed a correlation of art, handicraft and physical education. This linking up of various educational phases is valuable training. Apart from the interest aroused and the physical value obtained, these functions have a social value and form an interesting focal point for the meeting of home and school.

(f) *Camping.*

Camping, youth hostelling and rambling have been encouraged as healthy out of school activities and the records of many schools show most successful efforts in this respect.

A four-day camp was arranged for leaders at the Rotary Camp, Castleton, at Whitsuntide. Seventeen men and fourteen women attended and received instruction in the art of camping. The useful permanent hut was used only for lectures and dining purposes, everybody sleeping under canvas.

A fortnight's camp was arranged for senior children at Bridlington in August, 150 attending each week. This was entirely under canvas and the ideal weather helped to make the camp a success. Mr. F. J. Smith, since deceased, was an admirable commandant and was ably assisted by Miss Gilham and Mr. Baxter on both occasions.

5. *Playing Fields.*

All playing fields owned by the Education Committee and available for playing purposes are used to capacity.

The Committee's policy to ensure the use of playing fields for all senior children and for juniors and infants where new sites are obtained has been halted during the war years. At present little more than half our senior children are provided for in this respect and the provision of additional playing fields is a necessity especially in the east and north-east areas.

The Education Act of 1944, if fully implemented requires that playing field accommodation shall be provided to the extend of 1 acre for 50 to 100 children in a primary school and $\frac{1}{4}$ acre for every 25 children after that. For secondary children, the requirements are 5, 9 and 14 acres for one,

two or three form entries. The present acreage of playing fields is 387 but this includes woodland, sloping ground, which cannot be used for games purposes and school sites. Approximately 613 acres are required, 158 for junior children, 71 for senior and 385 for secondary schools, including grammar, technical and modern, with approximately 300 acres of playable land in the Committee's possession, there still remains a need for 313 acres and it is recommended that the land should be obtained over a period of years.

i. The following playing fields were secured by the Committee but had not been developed, although Spa Lane had had some little usage prior to the war :—

Thrift House (Castle Dyke)	..	..	..	..	39 acres.
Hurlfield Road	..	..	..	..	32½ „
Spa Lane, Woodhouse	..	..	..	..	19 „
Bawtry Road	..	..	..	..	19½ „
Arbourthorne West	..	..	..	..	12 „
Wybourn	..	..	..	..	6 „

The first four of these fields were requisitioned by the Ministry of Agriculture and are still retained by them.

Arbourthorne West (intended as a site for a swimming bath and playing field) and Wybourn have been taken over by the Estates Committee for the erection of temporary houses.

ii. Four school sites have playing areas attached :—

Meynell Road	..	..	..	..	..	10 acres.
Fox Hill	..	..	..	..	..	6½ „
Lindsay Road	..	..	..	..	..	6 „
Hatfield House Lane	..	..	..	..	..	8½ „

Steps are to be taken at an early date to develop them.

Halifax Road.—This site of 21 acres remains in the hands of the Ministry of Agriculture.

In addition to the use of playing fields during the daytime, the Committee's fields are also used by Youth Organisations at night (in summer) and on Saturdays. All the fields are over used and it is only by the unremitting care and attention of the ground staff that some semblance of a grass playing field is retained. Longer periods for recuperation are suggested when no one is allowed on the fields. Fields like Crowder House, Shirecliffe, Arbourthorne North, Prince of Wales Road and Tinsley show signs of excessive use. As many as 17 matches have been played on some pitches weekly.

Trespassing and wilful damage are becoming a matter of concern. This usually occurs at week-ends, at times when the fields are not being used and consequently are not under supervision. The police are informed but they can only visit occasionally and such supervision is incomplete. Cases have been reported of football teams engaging in league matches and of other matches being arranged on Sundays, whilst players have broken into pavilions in order to change.

Culprits range from school children to adults.

6. *Physical Training Demonstrations.*

For several years the Physical Education Department has co-operated with the Parks' Department in arranging demonstrations for the Holidays-at-Home programme in the public parks. Last year, six displays were arranged.

The purpose of the demonstrations was threefold :—

- (i) To co-operate with the Parks' Department in providing entertainment for members of the public who experienced difficulty in leaving Sheffield for a holiday.
- (ii) To stimulate interest amongst the general public in educational matters and
- (iii) To encourage people to participate in recreational activities provided by the Education Committee for public benefit.

The demonstrations were given by :—

- (i) Schoolchildren—
Hatfield House Lane Secondary.
- (ii) Evening School Students—
Woodseats Boys.
Lindsay Road Club Institute Girls.
- (iii) Sheffield Keep-Fit Association Members—
Croft House.
Longley and Western Road teams (2).
- (iv) Evening School and Youth Organisation Leaders.
- (v) Youth Organisations (Athletic Sports) July.

The demonstrations were varied in character and were made intelligible to onlookers by means of a microphone and loud speaker. Their place in the general scheme of education was explained incidentally and the commentaries were appreciated by the audiences.

7. *Recreative Physical Training for Adolescents and Adults.*

i. *Evening Schools and Club Institutes.*

All Evening Schools and Club Institutes provide recreative activities in the form of Recreative Physical Training (advanced with apparatus), Keep-Fit exercises, Dancing (Ballroom, Folk, National and Aesthetic), Boxing and Swimming. The formation of groups for the pursuit of open air activities is

encouraged in connection with the social activities of each school and no opportunity is lost to advance the cause of a purposeful, healthy and manly outlook on life. Many of the Evening Schools and Club Institutes which provide for Saturday football are members of the Sheffield and Hallamshire County Football Association and take part in League Competitions.

Camping is encouraged in others and several club institutes spent a holiday last year under canvas.

Members of evening schools gained the following Royal Life Saving awards :—Elementary Certificate, 1 ; Intermediate, 2 ; Bronze Medallion, 3 ; Bronze Cross, 5 ; Award of Merit, 5.

For the first time since 1939, it was possible to arrange physical training competitions. The senior youths' shield was won by Woodseats Evening School, whilst the junior girls' shield was won by Lindsay Road Club Institute. Only one team entered for the senior women's and one for the junior boys' shield.

The first Swimming Gala was held since 1939 for Evening Schools and Club Institutes. An interesting programme of events was completed. Wisewood Evening School won the Viner Cup.

The first "First Aid" Competition was also arranged this year for a cup presented by the Civil Defence Services, Transport Section. This was won by Huntsman's Gardens Evening School. The St. John Ambulance Corps did excellent work in arranging the examination.

In all three competitions, certificates were awarded to the winning teams.

ii. In many cases the Education Committee is asked to provide instructors for all forms of recreative activities for Youth Organisations. Although the demand has hitherto been greater than the supply of fully trained and suitable people, it has been possible to recommend instructors who could give reasonable service. The position is easier in the case of the men, but it is very difficult to find suitable women teachers with the right qualifications for post school recreative activities.

iii. The following statistics give details of classes in evening schools and club institutes.

District Evening Schools	Jan.—Mar.		April—July		Oct.—Dec.	
	Males	Females	Males	Females	Males	Females
1. PHYSICAL TRAINING						
A Number of Students enrolled	310 (Classes 27)	221	—	—	127 (Classes 28)	139
B KEEP FIT CLASSES. Number of Students enrolled	—	19 (Classes 1)	—	—	—	—
C DANCING. Number of Students enrolled	316 (Classes 23)	627	—	—	333 (Classes 24)	516
D SWIMMING. Number of Students enrolled	132 (Classes 13)	164	—	—	95 (Classes 9)	65
E FIRST AID & HOME NURSING Number of Students enrolled	57 (Classes 8)	29	—	—	49 (Classes 7)	13
2. RECREATIVE ACTIVITIES						
A Number of Students enrolled	19 (Classes 11)	236	73 (Classes 9)	176	32 (Classes 11)	197
B SWIMMING. (King Edward VII Bath) Number of Students enrolled	23 (Classes 2)	17	67 (Classes 4)	62	31 (Classes 2)	39
3. NUMBER OF TEACHERS EMPLOYED						
A Physical Training, Keep Fit, Dancing and Swimming ..	22	43	6	9	26	36
B HOME NURSING & FIRST AID	5	2	—	—	6	1
C PIANISTS	—	31	—	4	—	32
D NUMBER OF DOCTORS ..	5	—	—	—	—	—

Club-Institutes	Jan.—Mar.		April—Mar.		Oct.—Dec.	
	Males	Females	Males	Females	Males	Females
1. PHYSICAL TRAINING						
A Number of Students enrolled	133 (Classes 13)	56	94 (Classes 13)	51	175 (Classes 20)	93
B KEEP FIT CLASSES. Number of Students enrolled	—	—	—	10 (Classes 1)	—	—
C DANCING. Number of Students enrolled	69 (Classes 8)	88	52 (Classes 7)	51	171 (Classes 15)	176
D SWIMMING. Number of Students enrolled	9 (Classes 2)	—	52 (Classes 7)	51	58 (Classes 5)	29
E FIRST AID & HOME NURSING Number of Students enrolled	4 (Classes 5)	36	8 (Classes 1)	—	2 (Classes 6)	58
2. NUMBER OF TEACHERS EMPLOYED						
A Physical Training, Keep Fit, Dancing and Swimming ..	9	7	12	6	17	13
B HOME NURSING & FIRST AID	—	5	1	—	1	5
C PIANISTS	—	2	—	1	—	7
D NUMBER OF DOCTORS ..	—	—	—	—	—	—

8. *Conclusion.*

In concluding this report, the Chief Superintendent wishes to express appreciation of all the help and advice received from the Director of Education, the Deputy Director and the Assistants to the Director and to his personal colleagues. The official staff is always helpful.

The relationships between the organising staff and the teachers continues to be a very happy one. Dr. Cohen and his staff have been most helpful and there is very close co-operation between the two departments. The friendly encouragement of the Education Committee in all matters pertaining to Physical Education ensure that no worthwhile development lacks support.

FRED CARR,

*Chief Superintendent of
Physical Education.*



